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ABSTRACT

The sad reality of children killed, tortured, imprisoned, and orphaned by war substantiates the need for renewed local, national, and international commitment to these children. This guide examines: (1) the impacts present-day armed conflicts have on children and their families; (2) what special needs of children should be anticipated and monitored; (3) which children in what circumstances are likely to have special needs that may require intervention; (4) what principles of program response might be expected; (5) what program strategies are being adopted around the world to meet children's needs; and (6) what literature and special resources are available to service providers. The first part of the book opens with a discussion of armed conflict, essential to comprehending the needs of children in these situations and to finding ways to assure their well-being. A photo essay then offers a forceful statement of how conflict affects children. The next chapter provides a conceptual framework for addressing war's negative effects on children. Six chapters in the second part of the book consider different impacts of conflict on children and what is being done to counter these impacts. The topics covered are: (1) loss of life; (2) injury, illness, malnutrition, and disability; (3) torture, abuse, imprisonment, and recruitment; (4) unaccompanied children; (5) psychosocial distress; and (6) educational disruption. The guide contains chapter references and a selected bibliography of over 1,000 items related to the provision of services to children in situations of armed conflict. (TJQ)

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# CHILDREN IN WAR

## A Guide to the Provision of Services

A Study for UNICEF

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# CHILDREN IN WAR

## A Guide to the Provision of Services

A Study for UNICEF

Everett M. Ressler

Joanne Marie Tortorici
Alex Marcelino

UNICEF
New York, N.Y., USA

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**Oh, world be wise**
**The future lies in children's eyes.**

**Donna Hoffman**
***My Children, All Children*,**
**Concordia Publishing House,**
**St. Louis, 1975.**

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***Everett M. Ressler***

# Introduction

*A renewed commitment is needed on behalf of children in situations of armed conflict.*

In conflict situations adult family members do everything possible to protect and provide for their children; children help each other; community members, committed government personnel and non-governmental organization (NGO) workers offer assistance, often at great personal risk. Children are the jewels of family and society throughout the world, and extraordinary efforts are taken to ensure their well-being.

Unfortunately, the substantial efforts of families, communities, agencies and government services have not fully protected and provided for children in situations of armed conflict. Many children are killed, injured, tortured, imprisoned, malnourished and separated from family members, and suffer the numerous other impacts of armed conflict. It is this sad reality that substantiates the need for renewed local, national and international commitment to these children.

## Background

Renewed national and international interest in and commitment to the special needs of children in situations of armed conflict is rather recent and has developed in large part because of the initiatives taken by UNICEF's Executive Board and staff. In 1986 the Executive Board recognized the necessity of special programming efforts for "children in especially difficult circumstances", which includes children in situations of armed conflict, street children, abused children, working children and children in institutions. UNICEF estimated that as many as 20 per cent of all children live in especially difficult circumstances, often outside the reach of normal services.

Since that recognition, national services, NGOs and international organizations have begun assessing and meeting the needs of children in especially difficult circumstances more concertedly



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through studies, public discussions, pilot projects and advocacy efforts. New programmes are being formulated in virtually all countries in which there are ongoing conflicts.

In Afghanistan, Cambodia, India, Myanmar, the Philippines, Sri Lanka; in Colombia, Guatemala, Nicaragua, Peru; in Angola, Ethiopia, Mozambique, South Africa, Sudan; in Iraq, Israel, Lebanon (to name a few of the 40 or so countries currently experiencing armed conflict), people work to ensure the well-being of children. Their continuing search for information and their experience have provided the impetus for this book.

## Objectives

This book was formulated to encourage consideration of the following questions:

- What impacts do present-day conflicts have on children and their families?
- What special needs of children should be anticipated and monitored?
- Which children in what circumstances are likely to have special needs that may require intervention?
- What principles of programme response might be suggested?
- What programme strategies are being adopted around the world to meet children's needs?
- What literature and special resources are available to service providers?

*Children in War* is intended to be a summary. It is short rather than long, generic rather than country- or emergency-specific, practical rather than theoretical. Therefore, while every effort has been made to ensure that authoritative information is included, this book is intentionally a "broad brush stroke" overview.

One of its principal contributions may be the conceptual framework of the various impacts of conflict on children and the need for comprehensive planning and programming. Field experience in many different armed conflict situations suggests that programme interventions are sometimes narrowly conceived. An inclusive framework and information about some of the ways needs are being addressed may contribute to more holistic assessments and responses.

This book is also intended to be a source of ideas. It is hoped that information about current programme innovations around the world will stimulate creative programming—new ways to ensure that food reaches the hungry, that basic services are available in the midst of conflict, that children continue to receive essential vaccinations even when routine services are disrupted, that schooling is provided even when schools are closed, that assistance is available to traumatized children even when trained professionals are few, and so forth.

It is hoped that the information and experience herein will be useful in assessment, policy consideration and programme implementation. This book provides technical, programmatic and experiential information that may be of interest to policy makers and programme implementers in government services and NGOs and to international organizations and concerned individuals wherever conflict affects children.

## Premises

*First premise.* This book is unabashedly positive in its assertion that *children's needs can be met*, even in the midst of hostilities. This assertion is rooted in the fact that the deaths of children in situations of armed conflict are largely preventable, as are children's disabilities, abuse, sufferings and loss of life's opportunities. It is not a foregone conclusion that because there is armed conflict, civilians and children need be the victims of its horrors. Protection or victimization is determined by choices and decisions.

Obviously, ensuring the well-being of children is extremely difficult in situations in which armed violence, deprivation and social disruption in all their forms are purposeful. Attempted interventions are often dangerous and obstructed at every turn. Still, review of experience confirms that extraordinary actions are often taken and can protect and provide for children even in the most difficult situations.

*Second premise.* While this book is titled and written specifically with regard to children, it is assumed throughout that *children's needs are served best by helping families provide the necessary care and protection children require.* Although not addressed in this book, support is often required to help mothers and fathers meet their own needs as well as the needs of their children.

*Third premise. The support of all parties must be enlisted to ensure the well-being of children* in situations of armed conflict. Obviously, the behaviour of combatants is of critical importance, and all conflicting parties must be encouraged to protect children. Meeting children's needs is dependent first and foremost upon the actions of family and adult caregivers. In some cases families fail their obligations to children. From a broader perspective, families do not exist in isolation. Their ability to function is shaped by the social, cultural, religious, economic and legal systems that form the web of life's interactions. All of these are affected by conflict-related activities. To understand the needs of children in situations of armed conflict, it is necessary to understand the circumstances of families and the various influences that enable or obstruct families' abilities to care for their children.

Government services have a particularly important role in the welfare of children. They manage the social, economic and political milieux within which families strive for the benefit of their children. Particularly in times of crisis, the role of government in the provision of essential goods and services is critical. And when families are not able to meet basic needs or protect and provide for their children, the intervention of government is essential.

*Fourth premise. If we want better answers, we must ask better questions.* A constant search for better understanding of children's needs and for more effective strategies to meet those needs is a fundamental prerequisite to the development and maintenance of effective services for children. This book will be successful if it encourages questioning and continuing re-examinations of whether the needs of children in situations of armed conflict are really being met and, if intervention is required, what strategies prove most effective.

*Fifth premise. Local problems are probably best solved by local solutions.* Each culture, community, family and conflict situation is unique. Therefore, while the topic of children in situations of armed conflict is discussed herein in general terms, it is assumed that specific programme strategies must be developed for each situation. No attempt is made to offer prescriptive solutions for local realities.

Nevertheless, while the "lessons learned" in one situation cannot be rigidly prescribed to another, it would be a misconception

to assume that every child, family and conflict situation is so different that lessons learned cannot be shared among experiences and cultures. The needs of each child, family and culture are both unique and similar to the needs of all other children.

*Sixth premise. In emergency programming, adaptation and innovation are necessary if services are to be effective.* Health, education, social, legal and many other services exist in every country. It is often assumed that routine arrangements and systems provide sufficient response to meet emergency needs. In many conflict situations, however, deaths and suffering of children are more related to inadequate services and emergency programming than to direct conflict action, as, for example, when children of displaced families die in evacuation centres for want of immunization or clean water.

The goals are clear—that children in situations of armed conflict do not lose their lives, that they are afforded their rights as human beings and children, that they receive care and basic essentials for childhood development, that their suffering is minimized and that their emergency needs are met. Meeting this challenge requires commitment, effort and determination.

## Structure

The book's opening discussion about armed conflict was written on the assumption that everyone has a responsibility to help prevent armed conflicts and to help restore peace. A photo essay then offers a forceful statement of how conflict affects children. The chapter "A Basis for Action" offers a conceptual framework for addressing war's negative effects on children. It suggests the adoption of the programme concept of children as a zone of peace, the use of international humanitarian law and a matrix for guiding assessment and programme interventions.

The second half of the book considers different impacts of conflict on children and what is being done to counter these impacts. Lastly, a selected list of reference materials on topics related to the provision of services to children in situations of armed conflict is provided for readers interested in further study.

The reader is cautioned to remember that children's interests are best served when adults attempt to understand realities as

children see them, perspectives that may be quite different from what adults assume. Children deserve respect as individuals. They have ideas, opinions and coping strengths. They are not simply beings to be fed, injected, moved or sheltered.

In considering the well-being of children and ways in which it may be assured, we tend to atomize complexities into discrete problems that are in reality much more organic than reflected. Different types of "needs" are discussed throughout the book. It is useful to remember that all issues mentioned are related and tell only a fraction of the full story.

**A final word**

Armed conflict shows humankind at its very worst and its very best—worst when social intercourse is reduced to purposeful attempts to kill, injure, deprive, disrupt and impose upon; best when against all odds people strive to ensure the well-being of those in need. This book attempts to accentuate the positive.

# Conceptual Framework

- **Armed Conflict**
- **Armed Conflict's Impacts on Children—A Photo Essay**
- **A Basis for Action**

# Armed Conflict

*In the interest of children,*
*every effort is required to secure peace.*

Armed conflict—marching armies; warplanes; attack helicopters; land mines; fragmentation bombs; tanks; firearms; grenades; rubber bullets; tear gas; electric shock prods; machetes; knives; ambushes; air raids; bombing; strafing; dispersion of chemicals to destroy human, animal or plant life; destruction of buildings; disruption of services; mines disguised as food or toys; blockades; economic embargoes; long-distance firepower; assassinations; threats; rapes; torture; beatings with fists and weapons; mutilation; intimidation; hostage-taking; purposeful destruction of land, homes, animals or crops; destruction or withholding of food or water; detention; imprisonment; interrogation; forced labour; attacks on refugee camps; military occupation of schools and places of worship; forced relocations; use of people as "human shields" or mine detonators; forced recruitment; coerced violence; separation of families; genocide; official denial or distortion of events; random attacks on civilians; attacks on peaceful gatherings; undermining of community trust; rumours; promotion of pervasive fear. There is an almost unlimited number of methods by which armed conflict is waged.

Some understanding of the nature of armed conflict is essential to comprehend the needs of children in these situations and to find ways to assure their well-being. The fundamental question to be answered in this chapter is, "What efforts might prevent or mitigate armed conflicts?"

Conflicts, by their very nature, are always composed of competing parties who each believe their cause admirable, their use of violence justified and their military objectives second to no other's. But when considering children's protection and well-being in situations of armed conflict, the primary concern is not the cause of a particular conflict but rather its consequences for children. The concept of neutrality of children makes their well-being independent of political, military or ideological concerns. Therefore, this concept advocates no political or cause-oriented position other than

that it is in everyone's interest to prevent armed conflict and, when it does occur, to mitigate its effects and consequences and contribute to the return of peace.

How might this be carried out? Perhaps a good beginning point is recognition that "since wars begin in the minds of men, it is in the minds of men that the defences of peace must be constructed" (Burleson 1990, 10). As affirmed by founding States in the preamble to the UNESCO Constitution, "the education of humanity for justice and liberty and peace are indispensable to the dignity of man and constitute a sacred duty which all the nations must fulfill in a spirit of mutual assistance and concern. That a peace based exclusively upon the political and economic arrangements of governments would not be a peace which could secure the unanimous, lasting and sincere support of the world, and that the peace must therefore be founded, if it is not to fail, upon the intellectual and moral solidarity of mankind." (Burleson 1990, 56).

## Family perspective

Virtually every bookstore contains books about military hardware, battle strategies and war heroes. There are few books, however, that describe the drama and tragedy of how ordinary mothers and fathers under the greatest of difficulties secure food, find protection and provide for their children in the midst of conflict. The absence of a civilian victim perspective on armed conflict is a great deficiency.

Life experience in situations of armed conflict can vary widely. Some families must survive under heavy shelling and aerial bombardment; people in another community may experience no direct action at all. Families may be forced to cope with disappearances, massacres, torture and repression while families in other places within the same country may continue life routines uninterrupted.

Villages, crops, animals, schools, clinics and infrastructure are purposefully destroyed in some conflicts, while in others the physical damage is light. Sometimes food shortages and the horrors of famine are used as weapons, while in other conflicts family food sufficiency is relatively unaffected. Some families experience conflicts as sudden and short interruptions in their lives; others must adapt to a way of life in which armed conflict is at their doorstep for years.

Some families are able to continue life routines in their home village throughout periods of conflict, while other families are forced to abandon home and community. Urban families often have quite different conflict-related experiences than their rural counterparts. Families living in a capital city are often unaware of the full realities of the conflicts occurring far away in rural areas within their own country.

Each situation of armed conflict is unique; accordingly, the needs of children in situations of armed conflict are determined by the peculiar nature of each armed struggle and the cultural, political, social and economic milieux within which it is waged. The nature of conflict is not only nation-specific, but also community-specific. A review of the needs of children in situations of armed conflict in the Philippines, for example, identified six types of armed conflict affecting children in various parts of the country: conflict between government and dissident rebel groups based on political differences, conflict based on religious differences, conflict over economic interests, conflict perpetrated by fanatical groups, tribal conflicts and extended family feuds. Each type of armed conflict was quite different in nature, and, correspondingly, the needs of children differed substantially.

## Historical perspective

Armed conflicts are commonly distinguished as national conflicts and international conflicts, wars of liberation and structural violence. While these distinctions are often blurred—civil conflicts are often supported by third parties, mass destruction is used in local conflicts and so forth—this categorization does reflect that armed conflicts are at times between countries, at others between citizens of a country, and sometimes are used by governments to subjugate or control their own citizens.

Another way of dissecting the phenomenon of armed conflict is to consider the basis of the violent acts committed. Seen in this way, some violence in armed conflict is perpetrated as individual personal violence, including banditry, acts of undisciplined combatants and lawlessness. Individual personal violence affects families in most armed conflicts. Another form of violence may be labelled collective violence, violence committed on behalf of a collectivity

such as a guerrilla group, death squad or fanatical group. This form of violence is particularly pernicious and increasingly common. A third type is institutional violence, violence committed on behalf of an institution, such as a police or military unit. While declared war may fall into this category, it may also include violence imposed on citizens by state bodies using arbitrary arrests or detention often accompanied by abuse and torture. A fourth form of violence is structural violence, violence committed on behalf of or with the support of a social structure, such as apartheid or systematic discrimination against a minority (Echandia nd., 3-4).

Table 1
**Types of Armed Conflicts**

National conflicts
- internationalized internal conflicts
- civil wars
- state violence against citizens
- violence against minorities
- civil disorders, disturbances
- tribal, ethnic conflict

International conflicts
- conventional wars
- wars of mass casualties

Wars of liberation
- non-international
- transcending national frontiers

Structural violence

Understanding the agents of and basis for violence is often essential in efforts to protect children. Teaching foot soldiers and rebel militias humanitarian law in the form of simple rules of combat, as the International Committee of the Red Cross (ICRC) and the League of Red Cross Societies encourage, aims to reduce directed and individual personal violence by combatants, many of whom have had little training and act more or less on their own. Where conflict is occurring as a consequence of institutional violence, legal protections may be required, and when violence is perpetuated as collective violence a different advocacy approach may be necessary.

There are many causes of conflict, and while analysis of them is beyond the scope of this book, it may be noted that the seeds of armed conflicts seem to germinate and grow best in soils where equity and social justice are disregarded, where human rights are trampled, where poverty prevails. The failure of governments to assure significant improvements in the welfare of their citizens seems an increasingly common justification for civil conflicts. At the heart of most conflicts are questions about the exercise of power, the distribution of wealth and opportunity.

Globally both the frequency and destructiveness of armed struggles are increasing. In 1987, 22 wars were being fought, more than in any previous year in recorded history (Sivard 1987, 28). The battlefields of 1987 included Afghanistan, Angola, Cambodia,

Chad, Colombia, El Salvador, Ethiopia, Guatemala, India, Indonesia, Iran/Iraq, Lebanon, Mozambique, Myanmar, Nicaragua, Peru, the Philippines, South Africa, Sri Lanka, Sudan, Uganda and Vietnam. At least 18 additional countries might be considered conflict-affected because of spillover effects. Between 1987 and 1990 several ongoing conflicts ended, but in 1991 new conflicts erupted. Some 471 wars (conflicts with deaths of 1,000 or more per year) were fought between 1700 and 1987, causing the deaths of 101,550,000 people (Sivard 1987, 28). Since World War II there have been some 150 large wars, causing an estimated 20 million deaths (UNICEF 1990). If smaller-scale conflicts are included, then since 1945 there have been about 400 conflicts (Toman 1991).

Condorcet, an 18th-century French philosopher and mathematician, hailed the military use of gunpowder. He reasoned that enabling combatants to fight at greater distances would reduce the number of casualties (Bierstedt 1987, 20). Obviously, quite the opposite has proved true. Advances in military technology continue to bring to birth ever more powerful means of destruction, with combatants waging war at greater and greater distances. These advances are causing casualties to increase rather than decrease. Of all the conflict-related deaths that have occurred over the last three centuries, 90 per cent died in conflicts this century (Sivard 1987, 28). Increased militarization of the human race is causing more frequent and ever more destructive conflicts.

Casualty figures confirm that children and women are the predominant victims. In the 1980s, 85 per cent of conflict-related deaths were civilian, a rate that rose from approximately 50 per cent in wars fought in the 18th, 19th and early 20th centuries (Sivard 1987, 28). Some civilians have been victims of indiscriminate attack, but the majority of killings seem to be purposeful rather than incidental.

While Europe experienced the greatest number of wars prior to World War II, all but one of the 150 or so conflicts since World War II have taken place in developing countries, often with the involvement of major world powers. While the desire for increased territory or independence has been the predominant historic cause, most current wars are internal civil conflicts. Ironically, in the last decade only 11 per cent of the parties that started wars might be considered to have won them (Sivard 1987, 28).

A substantial portion of humankind's resources, time and skills have been dedicated to the development of ever more powerful means of preparing for and waging war. The facts are staggering. Humankind's captivation with war efforts is illustrated by the fact that globally every year approximately US$1,000 billion is spent on military expenditures; since World War II, US$3,000 billion to $4,000 billion has been spent on the creation of nuclear warheads alone; more than 70 million people are engaged directly in military activities (Namazi 1986, 11). In 1990, for example, global military expenditure was estimated to be US$880 billion (in 1987 dollars); 66 million people in regular or rescue forces and 51,000 nuclear weapons existed (Sivard 1991, 11). The majority of the world's research and development funds is used for military purposes.

Developing countries, where most of the current wars are fought, are the target for 75 per cent of the trade in arms (UNICEF 1990, 2). Substantial portions of the foreign exchange earnings of some of the poorest countries are spent on weapons. Countries in Africa, for example, reportedly spent more on arms imports than on food imports during the drought and famine of 1984 (UNICEF 1990, 2).

Many conflicts are not merely armed encounters but rather social upheavals in which complete ways of life are threatened or destroyed. And often armed conflict comes with a host of other impacts more lethal than the conflict itself and so interconnected as to obscure whether they are causes or consequences. One of the worst is famine, reportedly the cause of more than half the civilian deaths in past armed conflicts (Sivard 1987, 28). Economic crisis sometimes is the cause, is usually a consequence and is always a companion of armed conflict. Conflict causes disruption of economic activities and dislocation of people from the sources of their livelihood. With economic crisis comes reduction in essential services, increased difficulties in maintaining access to conflict-affected areas for service delivery, increases in the national debt level and increased family impoverishment. Conflicts also tend to stimulate migration, contributing to the loss of persons with much-needed skills and resources.

In considering the welfare of children in conflict-related circumstances, the issue of military expenditures cannot be ignored; for where

resources are limited, military expenditures compete directly with such essential child welfare services as health and education. A study on the impact of military expenditures in sub-Saharan Africa on the survival, protection and development of children suggested that military spending affects the welfare of children in a given country in six ways:

"1. In government budgetary allocations, defence expenditures compete directly with spending on socio-economic services which promote child welfare.

"2. As a result of protection and resilience of the military sector, the defence share does not fall when aggregate budgets are reduced. At the same time the share of spending on social and economic services declines.

"3. Defence spending has a negative impact on economic growth. High military expenditures reduce growth rates, and this has an indirect impact on the provision of amenities required for child welfare development.

"4. Children are killed and their lives disrupted in wars and conflict.

"5. External debts are created as a result of arms imports and military spending-induced budget deficits. Debt servicing reduces the ability to increase essential imports, such as food or medicine, which affects children directly.

"6. The defence sector works under noneconomic criteria, producing distortions in the economic system. It reduces the efficiency of the economy which . . . affects the supply of amenities and services that benefit children" (Deger and Sen 1990, 3-4).

The same report confirmed that while a few countries have demonstrated that education and health standards can be maintained even in the face of war, experience indicates that more often military

**Examples**

In Mozambique primary health care was systematically undermined due to a shortage of foreign exchange to buy drugs and medical equipment, while at the same time, Mozambique was sub-Saharan Africa's fourth largest importer of weapons. In Zaire 7,000 teachers were made redundant due to government budget cuts in 1984, yet during the same period 20,000 extra people were employed in the armed forces. In Ethiopia four children shared the same textbook in the primary schools of the capital; the situation elsewhere in the country was much worse. Despite this, the government routinely spent 40 per cent of its current expenditure on the military. In Ghana a project for immunization against yellow fever failed because transport was not available due to fuel shortage. Nevertheless, military expenditure rose by 16 per cent per year in the early 1980s.

(Deger and Sen 1990, 42)

expenditures are preserved at the expense of the well-being of children. There is increasing evidence that the same relationship exists in industrialized countries.

## Humanitarian law concerning armed conflict

As described in the next chapter, over the last 100 years principles for the conduct of armed conflict have been formulated by the collective action of representatives of nations around the world. No other internationally derived principles exist for which there has been greater consensus. There continues to be in many conflicts, however, a great difference between the ideal behaviour of combatants as defined in humanitarian law and their actual behaviour and between the ways in which civilians are expected to be protected and the actual treatment they receive.

This disparity is due less to a lack of humanitarian law than to a lack of compliance with already existing principles.

It is in the interest of children that every effort be made to ensure that the public, officials and all combatants are aware of relevant humanitarian law principles, particularly regarding the protection of civilians, especially children, and that local, national and international efforts encourage compliance by all parties in a conflict.

Table 2
**Humanitarian Law Principles Concerning the Prevention of Conflicts**

*"All members shall refrain in their international relations from the threat or use of force against the territorial integrity or political independence of any state, or in any other manner inconsistent with the Purposes of the United Nations."*
—Article 2, paragraph 4, Charter of the United Nations

*"All members shall settle their international disputes by peaceful means in such a manner that international peace and security, and justice, are not endangered."*
—Article 2, paragraph 3, Charter of the United Nations

While it is beyond the scope of this book to provide a comprehensive listing of all relevant articles of humanitarian law that deal with armed conflict, there are certain key principles that everyone should know and share. Two such principles with regard to conflict are quoted in Table 2.

## Programme Strategies

Persons involved in services dedicated to ensuring the well-being of children may not be in cardinal positions to play major roles

as power brokers or mediators in preventing or bringing an end to conflicts. Sometimes such an opportunity occurs. There is no question, however, that everyone has a role in "peace building" and that small actions make constructive contributions.

In conflict-affected countries around the world individuals and agencies are contributing to peace through a variety of constructive efforts. Peace, like war, does not occur from a single cause. Various approaches to conflict prevention and resolution are essential; all can contribute to the same ultimate objective of peace.

## Know the facts

Effective intervention begins with knowing the facts. It is important to be familiar with the conflicting parties, the causes, the strategies and the ways the conflict is being carried out. It is especially important to know how civilian populations, children in particular, are being affected. Table 3 offers key assessment questions concerning conflict.

**Regular assessments are essential.** The changing nature and varied types of armed conflicts require continuous national and local situation analyses. Regular review provides opportunities to determine the risk of conflict, underlying causes of dissension and perpetuating forces. It also provides an opportunity to assess peacemaking initiatives.

Table 3
**Assessing Armed Conflict**

Facts
- What armed conflicts are occurring?
- What are the causes?
- What are the strategies and patterns?

Risks and vulnerability
- What armed conflicts may possibly occur, where, who is at risk, to what extent?

Prevention and mitigation
- What measures might prevent the outbreak of armed conflict?
- If it occurs, what measures would reduce its impact on civilians?

Emergency response
- When conflict occurs, what emergency actions are required to end it?

Preparedness for emergency response
- What readiness measures by families, the community and others would contribute to emergency actions to end fighting?

Rehabilitation and recovery
- After armed conflict, what rehabilitation and recovery measures will build peace?

## Preventive actions

People around the world continue to search for ways to prevent armed conflicts. As conflict can have many causes, many preventive measures are certain to be required. Some activities, such as more effective conflict mediation, may

contribute to the resolution of disagreements without conflict as well as serving as tools for the cessation of conflict once fighting has started. In many situations root causes must be dealt with.

**Justice, equity, opportunity and basic services.** Certainly some of the most important activities that help prevent armed conflict are development programmes that contribute to justice, equity, opportunity and basic services. Concerted local, national and international efforts are required to address these issues for the increasing number of people so affected in most countries of the world.

**Development and peace education.** It is commonly assumed that armed conflict is, at least in part, a consequence of learned social behaviour—"the way in which not only the detailed knowledge, skills, values and so on are transmitted from one generation to the next, but also the framework for acting in and reflecting on the world" (Burns nd., 1). In an attempt to give greater consideration to important human problems in the formal socialization process of schools, development and peace education are being integrated into curricula.

Development education, since its inception in the 1960s, continues to grow and diversify. It may be seen as including three main approaches. The first focuses mainly on the dissemination of information about development problems. The second approach includes some community action, such as involving students in a local social welfare project. The third approach attempts to provide information about critical human problems, encourage action to involve participants in examining broader structural and causal relationships.

Peace education—"activities to promote peace at both the political and mass movement levels, to inform people of issues involved, and the study of conflict or the communication of the result of peace and conflict research by specialists" (Burns nd., 5) —has emerged from peace action and research. Peace education is increasingly being included in curricula at primary, secondary and higher levels of education. New Zealand and Costa Rica include peace education in their public school curricula.

There was significant development of community conflict mediation centres and school conflict mediation programmes during the 1980s. School mediation programmes are oriented to

teaching students conflict mediation skills and establishing a mechanism in which students use such techniques to handle disputes in the course of school life. Schools that have initiated such programmes report great satisfaction.

In many ways development and peace education are closely integrated. UNICEF has developed, for example, "Approach to Peace Education", country-specific materials on the impacts of war, as well as a development education programme that also addresses such issues as local development, peace, disarmament and intercultural dynamics.

**A culture of peace.** Some researchers have suggested that there is a linkage between armed conflict and the social transmission of attitudes on war, armaments and violence. It has been suggested that an "armament culture" (Luckham nd.) is developing internationally through the almost constant bombardment of the public with value-laden messages about war, armaments and violence as a way of life for individuals—in public debate, printed media, electronic and audiovisual media, educational texts, films, games, simulations and toys. As a counter to this perceived threat, independent efforts in various countries are discouraging the viewing of violent films and lobbying against "war toys" to counter the perceived distortion of positive social values.

**Strengthening of legal protections**. One of the preventive actions being initiated is the strengthening of local, regional and national laws pertaining to the protection of civilians, particularly children. This includes lobbying for national ratification of various international humanitarian law conventions and protocols. Certainly the UN Convention on the Rights of the Child deserves every effort to achieve national ratification. In addition national laws should be reviewed and updated to ensure that civilians, particularly children, are given the full protections required.

## Emergency response

When conflict exists, talking often stops. Any initiatives that encourage dialogue rather than combat between belligerents should be supported. Experience confirms that humanitarian concerns and

assistance can sometimes be the *raison d'être* for peace. Following are various programme strategies taken in conflict-affected countries around the world in an effort to maintain peace and address the problem of conflict.

**Public advocacy of peace.** The will of the general public is one of the most powerful forces in stopping or moderating war. Public advocacy for peace, therefore, is very important. Public advocacy may take many forms—conferences, workshops, booklets, television spots, radio programmes, newspaper articles. As mentioned in the following chapter, promoting the concept of children as a zone of peace can facilitate consensus-building about the need for humanity in a time of conflict.

Peace advocacy is often more effective if initiated as a substantative interagency effort. In the Philippines, 23 NGOs created "The Coalition for Peace" as a means of more effectively encouraging public initiatives for peace. In the Philippines, El Salvador and Lebanon, UNICEF, in conjunction with the national governments, published pictorial books informing the public of the impacts of war on children. It also deserves mention that an important aspect of public advocacy for peace is to inform the public about the existence and content of international humanitarian law.

**Local peace committees.** Often, the more effective conflict-mediation and conflict-resolution efforts are likely to be local initiatives. For this reason local social mechanisms to deal with conflict are extremely important. India has for decades depended upon Peace Committees composed of responsible representatives from the community and influential public functionaries. Local Peace Committees convene when trouble is sensed or at the time of a clash to act as clearinghouses for complaints and for ideas of how to restore peace. Areas of accord and disagreement are spelled out, and everyone, including the government, is required to adhere to agreements derived to resolve the conflict. (Sinha 1987)

**Third-party presence.** The mere presence of neutral third parties can mitigate conflict. For this reason it is sometimes advisable in tense situations for humanitarian organizations and

NGOs to place willing personnel in conflict-prone situations. Not only may they be able to provide essential emergency services, but the behaviour of combatants may be moderated. In a keynote study of the mass exodus usually associated with war, one of the recommendations was that a corps of "humanitarian observers" be established who could monitor such situations and "contribute through their presence to a de-escalation of tensions by being placed in situations producing mass exodus" (Aga Khan 1981, 63).

**Humanitarian cease-fires.** Sometimes parties to conflicts will temporarily agree to cease-fires to facilitate the distribution of humanitarian relief. In 1985 during civil war in El Salvador a three-day humanitarian cease-fire—called "days of tranquillity"—successfully permitted the immunization of children throughout the conflict areas. In Uganda in 1985 an agreement was reached to permit vaccines and medicines to be flown behind fighting lines thereby opening what was called a "corridor of peace" for children. In 1987 a four-day cease-fire made possible the immunization of children across Lebanon. In 1989, government and rebel forces in Sudan agreed on a month-long cease-fire along "corridors of tranquillity" to permit the delivery and pre-positioning of food and essential medicines to civilian populations threatened by famine. These experiences, documented more fully later in this book, have proved that humanitarian cease-fires are feasible and that humanitarian aid can be provided even in the most intractable conflicts.

The impetus for humanitarian cease-fires may come from any group concerned with the humanitarian issue—a humanitarian organization, an NGO or the warring parties themselves. In 1965, during the revolution in the Dominican Republic, a cease-fire arranged by the ICRC for the removal of wounded and sick was extended and eventually led to an end in the fighting (Hay 1990, 32).

Humanitarian cease-fires are of importance principally because they create opportunities to provide critical emergency services, but in addition they can contribute to peace by providing an opportunity for the cessation of hostilities, a reminder of the need for peace and humanity and one point of agreement between conflicting parties upon which a broader basis of agreement can be built. They can facilitate a change in the perspectives of adversaries. Third-party

mediators are often essential in the process, and such bodies as the church, international organizations and trusted NGOs are sometimes able to act effectively in that role.

**Conflict mediation.** Agreements to end hostilities can also sometimes be reached through the work of third-party mediators. Studies of conflict mediation suggest that peacemaking is best conceived not simply as the moment in time when a cease-fire is signed but as an ongoing transition from guns to talk that must begin before fighting occurs and should continue long after fighting ceases (Lederach nd., 1). Conflict mediation may include documentation, lobbying, providing relief and monitoring. In the process it builds trust and coalitions, bridges differences, creates safe places and increases dialogue.

Local residents are often more effective than outside third-party mediators, for they are more likely to be in situations where they can mediate, understand deeply the nature of the conflict and foster agreement and compliance. Conflict mediation is culturally specific. Neutral and impartial mediators may be desired in some countries, while in others the more effective mediator is one who is known and trusted. A long-standing armed conflict between the Miskito Indians and the Sandinista government in Nicaragua ended through the mediation of the Moravian Church, the dominant religion among the Miskito Indians, with the aid of an outside mediator (Stone 1988).

Third-party conflict mediation is a growing international effort by international organizations, NGOs and universities. Significant literature now exists, and training programmes are being initiated around the world. UNICEF in Sri Lanka supported local counterparts in the production of a series of television spots on conflict resolution. These spots highlighted the need for finding non-violent ways to resolve differences.

**Peace or safety zones.** Geographically defined "safe havens" where civilians, particularly children, are declared safe by all parties to a conflict is an early humanitarian law concept, one tried since at least as early as the Spanish Civil War in the 1930s. There is still consensus that hospitals and facilities for children should be considered neutral and protected and that every effort should be made to

encourage respect for such facilities. Examples abound, however, where such facilities are not protected and are often purposefully looted and destroyed. "Safe havens" are usually suspected by all parties to a conflict and are sometimes violated by one or all parties.

However, sometimes peace or safety zones can be defined and enforced by local residents. In a number of areas of the Philippines, community residents banded together to declare their village or area a "peace zone". In one such area, displaced families experiencing severe difficulties in their evacuation sites chose to return to their village in a conflict zone and declared it a peace zone to signify to combatants their fervent desire for a cessation of hostilities and to rebuild their lives and community. Their efforts were supported by agencies that intensified the delivery of services. Through these efforts military operations were suspended in the area.

In some areas of the Philippines the local Catholic church continues to play an important role in advocating and exploring the concept of community-based "zones of peace, freedom and neutrality". The concept, still in its experimental phase, is based on community solidarity, on the insistence of such behaviours as a cease-fire within a certain geographic area, no military encampments nearby, no intimidation or harassment, no public display of firearms except by police, strict enforcement of a firearms ban for off-duty personnel, dismantling of private armies and paramilitary forces, prohibition of death squads or vigilante groups, safe passage and sanctuary for the wounded and pluralism of political parties and ideologies.

The "zone of peace" concept is not limited to communities. In Latin America eight governments subscribed to the Declaration of Ayacucho in 1974, putting limitations on conventional arms. A Prohibition of Nuclear Weapons in Latin America was agreed to in the Treaty of Tlateloco. Such agreements are at least a partial step towards creating international zones of peace (Luckham nd., 5).

**Providing services to build trust.** Sometimes the delivery of services to civilians, children in particular, is a way of building trust between parties. The mayor of a Philippines city affected by conflict initiated a special programme for children in war-torn areas of the city as part of the local government's efforts to strengthen its capacity and systems to improve the general welfare of its poverty-stricken constituents. In undertaking this effort, the mayor called on both

Table 4
**Fundamental Rules of International Humanitarian Law Applicable in Armed Conflicts**

1. Persons *hors de combat* (not in combat: disabled) and those who do not take direct part in hostilities are entitled to respect for their lives and physical and moral integrity. They shall in all circumstances be protected and treated humanely without adverse distinction.

2. It is forbidden to kill or injure an enemy who surrenders or who is *hors de combat.*

3. The wounded and sick shall be collected and cared for by the party to the conflict which has them in its power. Protection also covers medical personnel, establishments, transports and *materiel.* The emblem of the Red Cross (Red Crescent, Red Lion and Sun) is the sign of such protection and must be respected.

4. Captured combatants and civilians under the authority of an adverse party are entitled to respect for their lives, dignity, personal rights and convictions. They shall be protected against all acts of violence and reprisals. They shall have the right to correspond with their families and to receive relief.

5. Everyone shall be entitled to benefit from fundamental judicial guarantees. No one shall be held responsible for an act he has not committed. No one shall be subjected to physical or mental torture, corporal punishment or cruel or degrading treatment.

6. Parties to a conflict and members of their armed forces do not have an unlimited choice of methods and means of warfare. It is prohibited to employ weapons or methods of warfare of a nature to cause unnecessary losses or excessive suffering.

7. Parties to a conflict shall at all times distinguish between the civilian population and combatants in order to spare civilian population and property. Neither the civilian population as such nor civilian persons shall be the object of attack. Attacks shall be directed solely against military objectives.

(International Committee of the Red Cross/League of Red Cross Societies 1979)

Table 5
**The Soldier's Rules**

1. Be a disciplined soldier. Disobedience of the laws of war dishonors your army and yourself and causes unnecessary suffering; far from weakening the enemy's will to fight, it often strengthens it.

2. Fight only enemy combatants and attack only military objectives.

3. Destroy no more than your mission requires.

4. Do not fight enemies who are "out of combat" or who surrender. Disarm them and hand them over to your superior.

5. Collect and care for the wounded and sick, be they friend or foe.

6. Treat all civilians and all enemies in your power with humanity.

7. Prisoners of war must be treated humanely and are bound to give only information about their identity. No physical or mental torture of prisoners of war is permitted.

8. Do not take hostages.

9. Abstain from all acts of vengeance.

10. Respect all persons and objects bearing the emblem of the Red Cross, Red Crescent, Red Lion and Sun, the white flag of truce or emblems designating cultural property.

11. Respect other people's property. Looting is prohibited.

12. Endeavor to prevent any breach of the above rules. Report any violation to your superior. Any breach of the laws of war is punishable.

(de Mulinen, *The Law of War and the Armed Forces*, International Committee of the Red Cross 1978)

government armed forces and insurgents to not obstruct the delivery of services and to desist from initiating hostile actions while programmes were being implemented. Such humanitarian actions can sometimes create bridges of agreement and understanding.

**Encouraging respect for humanitarian law.** When a conflict situation develops, the civilian need for protection justifies every effort to ensure that the principles of humanitarian law are widely known and discussed among public officials, the general public, military units and insurgent or rebel groups. In addition to public discussion, it is important that all parties to a conflict know of and respect the specific principles defining the rules for combatants, particularly foot soldiers most directly involved in actual fighting. The ICRC and national Red Cross/Red Crescent societies have been instrumental in developing public awareness and training materials regarding humanitarian law and can provide printed materials and audiovisual aids for public information or special training efforts. Because of the importance and scale of the task in times of conflict, dissemination of humanitarian law principles must be included in every humanitarian effort by all organizations.

To facilitate dissemination of knowledge about humanitarian law "so that it might be used to instruct all those who, at different levels, are responsible for applying humanitarian law, or those who may wish to exercise their rights under that law or to grant their fellowmen the advantage of such rights" (ICRC 1979), the ICRC summarized the essential aspects of humanitarian law in seven fundamental rules (see Table 4).

These principles have been further simplified into rules taught directly to soldiers and combatants (see Table 5). Around the world efforts are being made to ensure that such rules are taught to all parties to a conflict. Public officials, NGOs and the public have important roles in advocating adoption of and adherence to such rules.

Humanitarian law in the hands of soldiers can increase the protection of civilians, particularly children. During the Nigerian Civil War (1967-1970), for example, the government forces were issued an "Operational Code of Conduct". The Nigerian Forces, the code stated, must show the whole world that they could follow the Geneva Convention explicitly (Hay 1990, 12). Once the standards

of humanitarian law are known, it is not usually in the interest of combatants to disregard them, for the goodwill of the public can be lost.

The teaching of humanitarian law is becoming more commonplace but remains only a fraction of what is required. Determining whether or not combatants, officials, NGO personnel and the public know the fundamental rules of humanitarian law is a quick and easy test of the need for additional efforts to disseminate information about its principles. Receptivity for training is often high. The Philippine Commission on Human Rights organized training for trainers seminars on humanitarian law with government military and police forces. Red Cross/Red Crescent societies have produced a pocket-size, comic-book-style publication on humanitarian law for distribution to combatants. UNICEF is sponsoring the development of a simply illustrated booklet on special actions to take for the protection of children during conflict situations.

It is important to highlight specific principles on the rights of children. The standards outlined in the previous chapter may serve as a guide. The rights of children as spelled out in the Convention on the Rights of the Child should be widely shared.

**Sides agreeing to avoid each other.** It is not uncommon for an informal truce to be tacitly agreed upon in which both sides to a conflict simply avoid each other. When one party is in an area, the other avoids it. While certainly not a solution, it may be a temporary arrangement on which a more lasting peace can be arranged.

**Secret meetings.** Third parties such as NGOs and universities can sometimes initiate dialogue between conflicting parties through secret meetings in which persons from conflicting groups agree to discuss differences informally and discreetly. The Quakers for example, are known to have been effective in arranging such meetings.

## Preparedness

The concept of preparedness is best understood as being linked to the services expected to be provided in an emergency response. This discussion, therefore, concerns those services mentioned above

that may be initiated at the time of conflict to deal specifically with the phenomena of conflict. What preparations can be taken prior to conflict or to a new outbreak of an ongoing conflict to strengthen the effectiveness of such actions as public advocacy, peace committees, humanitarian cease-fires, conflict mediation and so forth? Each in fact has its own preparatory actions. Public advocacy can be prepared and started, peace committees developed, committee leaders and agency personnel trained in conflict mediation and humanitarian law and dissemination efforts readied.

In general, emergency preparedness includes anticipating the actions required, planning for the response, preparing, training and exercising. One of the most important aspects of preparedness is the development of coordination between parties who must work together during the emergency response.

## Rehabilitation and recovery

Long before a conflict is over, every consideration must be given to how peace might be restored when the fighting ceases. After a devastating three-year civil war, the Nigerian Government was conciliatory to the people of the state that attempted to secede. A healing environment is essential. At individual and family levels, too, actions need to be taken that facilitate the healing of animosities.

## What impacts do armed conflicts have on children?

Death . . .

## . . . injury, illness, disability

deprivation due to family impoverishment . . .

. . . separation
from families

**missed schooling . . .**

. . . displacement
from home

. . . torture,
arrest and detention,
sexual and physical abuse,
psychosocial distress,
abduction and slavery,
recruitment . . .

value distortion . . .

. . . when violence
is the teacher.

# A Basis for Action

*Together, the concept of children as a zone of peace, the principles offered in humanitarian law and a systematic assessment framework provide a sound basis for action on behalf of children in situations of armed conflict.*

It is useful to establish a basis for action before considering specific strategies that might be taken to ensure that the needs of children in situations of armed conflict are met. In this regard, the concept of "children as a zone of peace" suggests an important ethos for the mobilization of efforts. Humanitarian law, representing some of the most universal norms of human behaviour, provides important guiding principles. Yet having a child-centred programme philosophy built upon international standards for the protection of civilians and children is only as useful as the practical actions taken to assess and respond to children's needs in situations of armed conflict. An assessment and action framework is suggested as the third aspect of a basis for action.

## Children as a zone of peace

"Children as a zone of peace" is increasingly the rallying point wherever special efforts are needed for children in armed conflict situations. It has come to represent a programme concept that embodies the principles established in humanitarian law related to the protection of children in situations of armed conflict. The essence of the concept of children as a zone of peace is that children are to be protected from harm and provided access to essential services that assure their survival and well-being.

Implicit in the concept of children as a zone of peace is that the same concerns and services are to apply to all children on all sides of every conflict—children of neutral families, soldiers' families, rebels' families. There is a long tradition of humanitarian agencies remaining neutral and crossing conflict lines to ensure services to all children, as exemplified by the work of the Red Cross, Save the

Children Fund during the Russian Revolution, the Belgium Relief Commission during World War I and the cross-border efforts of the Quakers during the Spanish Civil War. UNICEF has been able to provide services to children on all sides in many conflicts, including the civil war in China, different occupation zones in Germany, the Nigerian civil war, the Vietnam War, Cambodia, Lebanon, Central America and Uganda. Obviously, neutrality on humanitarian grounds facilitates the provision of such services across military and ideological divides.

Children as a zone of peace also conveys the belief that the protection and well-being of children is everyone's concern—families, combatants on all sides, government services, NGOs and international agencies. To ensure that children's needs are met, collaboration is essential; linkages are necessary.

## Humanitarian law

Humanitarian law, as a legal science, is a branch of public international law intended to "alleviate the suffering of all the victims of armed conflicts who are in the power of their enemy, whether wounded, sick or shipwrecked, prisoners of war or civilians" (Bory 1982, 7, quoting Pictet). International humanitarian law serves as a minimum standard, an ethical reference point, a public conscience. As such, it is an important foundation for local, national and international efforts to ensure the well-being of civilians, particularly children, in situations of armed conflict.

Humanitarian law emanates from the fundamental principle of humanity—that the interest of human beings must take precedence over competing considerations of states or warring parties. Humanitarian law simply attempts to establish a compromise between "military necessity" and humanity. It has two fundamental purposes: to protect those who suffer in war and to limit the right of belligerents to inflict harm.

Combatants would always choose to be completely unfettered once committed to conflict and oppose any constraints they believe could aid the enemy or affect their objectives. Yet combatants are constrained, not by lack of ability to do harm but by international consensus, to limit killing, injury and destruction. In particular, no matter how justified a war, the welfare of civilians, particularly

children, must be given special consideration and protection. Other parties, such as the wounded and prisoners of war, are also to be provided special protection. In this regard, war too has rules. Unrestrained behaviour during armed conflict, as suggested in the Preamble to the Universal Declaration of Human Rights, results in "barbarous acts which have outraged the conscience of mankind".

## Development of international humanitarian law

Periodically over the course of history combatants have instituted rules, codes and agreements that affected how armed conflicts were waged. However, "until the middle of the 19th century, agreements to protect the victims of war were of merely transient character, binding only upon the contracting parties thereto, and based on strict reciprocity. In reality, they constituted purely military agreements, usually effective only for the duration of a particular conflict" (Bory 1982, 7-8). These agreements together with the general practice accepted as law contributed to the formation of the customary rules that continue to be applied to the situations and cases not covered by the international treaties.

However, developments in 19th-century wars sparked the concept that special efforts were necessary to protect life. The Battle of Solferino between Napoleon III and the Austrian Empire in 1859 is widely regarded as the situation from which the special concern for wounded combatants was most substantively raised. During that violent battle a philanthropist from Geneva, Henry Dunant, who was present, was so appalled and moved by the many wounded who died only because of the lack of medical services that he wrote a book in 1862 entitled *Un Souvenir de Solferino*.

"Henry Dunant's dramatic and heart-rending description of these needless sufferings and deaths and his appeal for the establishment of ambulance services, sanitary and medical personnel was so persuasive that, in 1863, a Committee was set up in Geneva . . . known as the International Committee of the Red Cross" (Underhill 1983, 2). The ICRC offered a first set of humanitarian principles in 1864, soon after its founding, and has continued to be instrumental in building consensus between nations on matters related to humanitarian law and the protection of casualties of armed conflict.

**Key international humanitarian instruments**

- The Hague Conventions, particularly the laws and customs of war on land (1907)
- Four 1949 Geneva Conventions for the protection of victims of war and the two protocols additional to the Geneva Conventions (1977)
- Convention on Prohibitions or Restrictions on the Use of Certain Conventional Weapons Which May Be Deemed Excessively Injurious or to Have Indiscriminate Effects (1980)
- The Universal Declaration of Human Rights (1948)
- International Covenant on Civil and Political Rights (1966)
- International Covenant on Economic, Social and Cultural Rights (1966)
- Convention on the Prevention and the Punishment of the Crime of Genocide (1948)

- Principles on the Effective Prevention and Investigation of Extra-Legal, Arbitrary and Summary Executions (1989)
- The Declaration of the Rights of the Child (1959)
- The Convention on the Rights of the Child (1989)
- Declaration on the Protection of Women and Children in Emergency and Armed Conflict (1974)
- Declaration on the Promotion Among Youth of the Ideals of Peace, Mutual Respect and Understanding Between Peoples (1965)
- Convention Relating to the Status of Refugees (1951)
- Convention Relating to the Status of Stateless Persons (1954)
- Convention for the Suppression of the Traffic in Persons and the Exploitation of the Prostitution of Others (1949)

International humanitarian law is no longer associated with any particular country or organization. Since the mid-1800s an almost unending international effort has been made to strengthen, clarify and update rules governing action in war. From these efforts two separate but mutually supportive bodies of law and agreements have emerged: The Laws of War and Human Rights.

Within the body of agreements known as The Laws of War (or The Law of Armed Conflict) are two subcategories: The Law of the Hague and The Law of Geneva.

The Law of the Hague deals with the conduct of combat, combatants and the means and methods of warfare. Most of the conventions and declarations were concluded at the Hague Peace Conferences in 1899 and 1907, such as the Hague Regulations respecting the laws and customs of war on land and other conventions concerning sea warfare or neutrality. Part of The Laws of War was later completed by the Geneva protocol for the prohibition of the use in war of asphyxiating, poisonous or other gases and of bacteriological methods of warfare (1925), convention on the prohibition of development of bacteriological (biological) and toxin weapons and on their destruction (1972) or the convention on prohibitions or restrictions on the use of certain conventional weapons which may be deemed to be excessively injurious or to have indiscriminate effects (1980).

The Law of Geneva (1864) is better known. The initial principles set out in the mid-1800s were followed by a succession of efforts to improve them in 1906 and 1929. But it was the horrors of World War II that provided the impetus for agreement in 1949 of the 400 or so articles that make up the four Geneva Conventions. These continue to serve as the principal point of international agreement for the protection of the wounded, the sick, civilians and other victims of armed conflicts. The Geneva Conventions are humankind's greatest consensus as to expected behaviour of combatants. They too have required updating. Thus in 1977 two addendum sets of agreements, known as Protocol I and Protocol II, were internationally accepted as reaffirmation and development of the four Geneva Conventions.

Human rights law developed principally in the latter half of this century. On the basis of international consensus, it established principles defining fundamental rights of all people, the key docu-

ment of which is the Universal Declaration of Human Rights. Building on the concepts therein, a series of other international documents have articulated fundamental social, economic, cultural and political rights. These achievements have been the work of many nations collaborating within the forum of the United Nations.

Established principles concerning the protection of civilians in situations of armed conflict are scattered throughout many of the above-mentioned bodies of international agreement, which exist in the form of conventions, protocols and declarations. For those drafted as conventions and protocols, it is the desire of the world body that all nations would further ratify these agreements, meaning that each country would formally agree to accept the provisions therein as legally binding.

Principles articulated in various international agreements concerning civilians apply to children as persons in their own right. It has long been accepted, however, that additional special efforts are required for children. The first international principles specific to the protection of children came in 1923, through the efforts of Eglantyne Jebb and The International Save the Children Union. These principles were adopted by the League of Nations as The Charter of Child Welfare of the League of Nations, more widely known simply as the Declaration of Geneva.

In 1959 the UN General Assembly approved the Declaration of the Rights of the Child, the pre-eminent international statement concerning the protection of children until the assembly approved the Convention on the Rights of the Child in 1989. The central concept of all of these instruments is the same: that children's well-being should be assured.

**Implications.** The concept of the protection of civilians in times of armed conflict is not a culturally bound idea or recent effort. There are few principles of conduct more universally agreed upon.

The existence of the formally established body of humanitarian law is fundamental. From a practical perspective, however, the significance of humanitarian law arises more from the fact that it is composed of principles of conduct about which there is wide international agreement than upon the fact that these principles are enforceable obligations bound by formal law. Humanitarian law does not simply emanate from a lawyers agreement; its roots lie in

- The International Convention on the Elimination of All Forms of Racial Discrimination (1963)
- United Nations Guidelines for the Prevention of Juvenile Delinquency (The Riyadh Guidelines) (1990)
- United Nations Standard Minimum Rules for the Treatment of Prisoners (1957)
- United Nations Standard Minimum Rules for the Administration of Juvenile Justice (The Beijing Rules) (1985)
- United Nations Rules for the Protection of Juveniles Deprived of Their Liberty (1990)
- Body of Principles for the Protection of All Persons Under Any Form of Detention or Imprisonment (1988)
- Code of Conduct for Law Enforcement Officials (1979)

- Principles on Medical Ethics Relevant to the Role of Health Personnel, Particularly Physicians, in the Protection of Prisoners and Detainees Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1982)

- Basic Principles on the Independence of the Judiciary (1985)

- Basic Principles on the Role of Lawyers (1989)

- Guidelines on the Role of Prosecutors (1989)

- Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power (1985)

the humanitarian concerns of ordinary citizens. It is the force generated by the wishes and will of common citizens that determines compliance with international humanitarian principles. Within a nation-state, compliance is generally not enforceable unless its citizens choose to insist that such rules are incorporated into national law.

The fact that humanitarian law principles are often violated in no way diminishes their importance. The very moment when conflicting parties believe it most expedient and justified to disregard or violate them is when there is greatest need to bring the force of these principles to bear. Humanitarian law accepts conflicting parties' right to kill and wage war, but not their indiscriminate right to kill, maim and cause suffering. It puts limits on the measures conflicting parties can take in armed struggles.

It is worth re-emphasizing that the power of humanitarian law does not lie only in the fact that its principles are in the form of legal instruments. This only adds additional weight. The power of humanitarian principles arises from the fact that they form a moral code rooted in a concept of the common good in the public conscience of men, women and children around the world and that those who violate them do so at the expense of their own legitimacy in the minds of humankind.

Most importantly, while no formal international mechanism exists to enforce compliance with the principles of international humanitarian law, experience confirms that even in fiercely contested conflicts the behaviour of combatants towards civilians, particularly children, is often modified by concerted public action based on the principles of humanitarian law.

Various key humanitarian law principles that relate to the protection of civilians, particularly children, in armed conflict situations appear in following sections. The seven fundamental rules of international humanitarian law applicable in armed conflicts are reproduced in the previous chapter (p. 32) under considerations of the nature of conflict. These rules are considered to contain the essential parts of the law and as such are to be commended for wide distribution to all concerned individuals.

Finally, if but two principles were followed, the well-being of children in situations of armed conflict would be assured:

*"Mankind owes to the children the very best it has to offer."*
—Preamble to the United Nations Charter

*"Children shall be the object of special respect and shall be protected against any form of indecent assault. The parties to the conflict shall provide them with the care and aid they require, whether because of their age or for any other reason."*
—Article 77, Protocol I to the Geneva Conventions

## A framework for action

From a programme perspective, assessing and responding to the needs of children in armed conflicts is difficult. The number of children in a conflict area is usually large, often in the hundreds of thousands, even millions. Children live over wide geographic areas, and those most in need are often least accessible. In the worst situations children display the obvious indicators of severe need—emaciated, drawn faces and listless eyes; signs of illness, turmoil and isolation.

However, states of "affectedness" vary widely. Obviously, children who are injured during actual fighting are "affected", as are those who in great fear are forced to flee their homes to live the disenfranchised life of the displaced in camps, public buildings or city slums. So too are children who have never seen fighting but who are ill and without treatment because of the disruption of medical services, who are without schooling because schools are closed, who are malnourished because their family is so impoverished by war that it is unable to provide adequate food.

In some conflicts the embattled population is clearly identifiable, but in many conflicts the distinguishing feature of an affected population may be the existence of a pervasive fear and the quiet adjustments families are forced to make in living with that fear. An absent limb or the wounds of torture are obvious indicators, but the impact of conflict on the lives of children can also manifest itself in more subtle injuries.

In many situations the category of affected children includes all children. Obviously, then, the general label of "affected" is not specific enough to indicate which children have unmet needs so severe that special interventions are required. The concept of affectedness must be more specifically defined so that children's needs may be better understood and met.

A fundamental premise of this book is that the needs of children in situations of armed conflict are best served if interventions are directed to the specific ways in which that conflict affects their well-being. If children are dying because they are being targeted by combatants, intervention is required to ensure life. If children are being caused to be ill, the appropriate intervention is whatever preventive and response measures will ensure health. If children are being tortured, arbitrarily detained or forced to be combatants, still different interventions are required.

**Key programme concepts.** As noted in the photo essay, the impacts of armed conflicts on children can be grouped into nine categories: loss of and threat to life; injury, illness, malnutrition, disability; torture, abuse, imprisonment, recruitment; separation from family; psychosocial distress; displacement; poverty; education disruption; social and cultural disruption, distortion of values. To work on behalf of children in situations of armed conflict is to counter, prevent and mitigate these impacts, as well as to address the issue of conflict itself. To achieve these goals, clear objectives need to be established. The following are suggested as the key programme concepts for a comprehensive effort on behalf of children in situations of armed conflict.

PEACE / CONFLICT

That peaceful means be found to resolve disputes and avoid conflict; when conflict does occur, that every effort be made to bring it to a peaceful end.

LIFE / DEATH

That in situations of armed conflict the lives of civilians, particularly children, be spared; when deaths occur, that the well-being of surviving family members be assured.

HEALTH / ILLNESS

That in situations of armed conflict civilians, particularly children, be spared injury, illness, malnutrition and disability; when so affected, that timely and effective remedial assistance be made available to assure their full recovery.

PROTECTION / ABUSE

That in situations of armed conflict civilians, particularly children, not be tortured, abused, arbitrarily imprisoned or recruited; when so affected, that they achieve full recovery and well-being.

FAMILY UNITY / SEPARATION

That in situations of armed conflict children remain in the care of their families; when separated that they be reunited, if it is in the children's interest; when that is not possible, that their well-being be assured through suitable alternatives.

PSYCHOSOCIAL DISTRESS

That in situations of armed conflict children be protected from psychological harm; when so distressed, that timely and effective assistance be provided to ensure their mental health and well-being.

SETTLEDNESS / DISPLACEMENT

That in situations of armed conflict civilians, particularly children, not be displaced; when displaced, that their health and well-being be assured and that they have the opportunity to re-establish their lives in the shortest possible time.

SUFFICIENCY / POVERTY

That in situations of armed conflict families, in the interest of children, be able to provide for the essential needs of their members; when families are unable to fulfill this obligation, that arrangements be made to provide such assistance as will facilitate their ability to do so.

EDUCATION / EDUCATION DISRUPTION

That in situations of armed conflict all children continue to receive formal education; when schooling is disrupted or non-existent, that regular or alternative services be initiated.

HEALTHY / UNHEALTHY SOCIAL, CULTURAL MILIEU

That in situations of armed conflict every effort be made to maintain healthy social and cultural milieux in which civilians, particularly children, can live and develop; when such is threatened, that measures be taken to restore or contribute to such.

It is not assumed that every agency and concerned party must monitor and respond to every category. But it is assumed, and experience confirms, that overall assessment and comprehensive action are important and that coordinated efforts are required to provide effective and complementary services. Evidence that the needs of children in any of these 10 categories are not satisfactorily met should be the stimulus for appropriate interventions. While this seems obvious, experience confirms that in many conflict situations interventions have tended to be narrowly conceived and implemented. Children may be dying from diarrhoea caused by bad water, for example, in the presence of agency personnel who limit their role only to the provision of food.

Not surprisingly, response to the needs of children in situations of armed conflict has often focused principally on emergency services, much as assistance to adults has focused on relief. However, over the last decade or so there has been increasing awareness that a relief focus alone is inadequate. Because unplanned, ad hoc relief efforts are often ineffective, it is widely accepted that, to the extent possible, preparedness is essential for emergency measures to be successful. But action limited to response and to preparedness for that response is still inadequate. In many cases the impact itself can be prevented. Even when it cannot, actions can be taken to reduce its negative consequences. Also, every consideration must be given to ensure that short-term rehabilitation and long-term recovery needs are met.

## Assessment framework

It is helpful to analyze specific problems using an assessment framework—six categories of questions that must be asked about each of the 10 categories of concern. In assessing needs and planning programme activities it is useful to consider each issue within the framework of the stages of an emergency—prevention and mitigation measures, preparedness and response measures and rehabilitation and recovery measures.

First, *facts*. Who are the children affected; what are their characteristics; what are the causes of the difficulty; what is being done to assist them?

Second, *risk group*. Which children are likely to be affected? Risk and vulnerability are forward-looking concerns that attempt to determine which children might be helped by preventive intervention. Also, knowing which children are at risk is important in planning emergency services.

Third, *prevention and mitigation*. What measures would prevent the negative impact from happening? If children are losing their lives, what measures might be taken to prevent these deaths? If an event cannot be prevented, what pre-incident measures will reduce the impact of the crisis event? For example, if an armed fighting incident cannot be prevented in a community, what measures can a family take to protect children during fighting?

Fourth, *emergency response*. What emergency response is required if the negative impact occurs? First-aid is an obvious example of an emergency response to injury. Emergency response to all other impacts must also be considered and planned.

Fifth, *preparedness for emergency response*. Experience confirms that emergency actions are likely to be more effective if preparations are made for their implementation. What preparedness measures would ensure maximum effectiveness of each emergency action?

Sixth, *rehabilitation and recovery*. What short-term measures are required for rehabilitation and longer-term measures for full recovery from each impact?

One clarification deserves emphasis. It is believed that more positive results are likely if a developmental philosophy is adopted in the provision of emergency services from their onset. The goal of all efforts must be not to simply provide goods and services but also to increase local capacities and reduce vulnerabilities. The first goal is to help families protect and care for their own children, to help local services provide any intervention required. While intervention from outside a community (as, for example, from the capital) is often helpful, even essential, in times of armed conflict, outside interveners are likely to be most effective where they strengthen rather than replace local initiatives.

A comprehensive assessment and programme framework that addresses the 10 key programme concepts for children in situations of armed conflict follows in Table 6.

Table 6

**Assessment and Programme Framework for the Protection and Care of Children in Situations of Armed Conflict**

| | Facts | At-Risk Group | Prevention |
|---|---|---|---|
| **Conflict** | What armed conflicts are occurring? | What armed conflicts may possibly occur? | What measures might be taken to prevent armed conflict? |
| **Loss of Life** | Are children dying? Number, age, sex, location? What are the causes/circumstances? | Which children are most at risk? | What measures might be taken to prevent children from dying? |
| **Injury, Illness, Malnutrition, Disability** | Are children ill, malnourished, being injured or disabled? What are the causes? | Which children are at risk of injury, illness, malnutrition or disability? | What measure might be taken to prevent likely injury, illness, malnutrition, disability? |
| **Torture, Abuse, Detainment, Conscription** | Are children being tortured, abused, arbitrarily detained, abducted or recruited? | Which children are at risk of torture, abuse, arbitrary detention, abduction or recruitment? | What measures might be taken to prevent torture, abuse, arbitrary detention, abduction and recruitment? |
| **Unaccompanied Children** | Are children being separated from their families? Why and under what circumstances? | Which children are at risk of being separated from their families? | What measures would prevent separation of children from their families? |
| **Psychosocial Distress** | Are there children with psychosocial distress for which special interventions are required? | Which children are at risk of psychosocial distress? | What measures would prevent psychosocial distress of children? |
| **Displacement** | Are civilians, particularly children, displaced? What are the causes of displacement? | Which families are at risk of being displaced? | What measures would enable families to avoid or mitigate the impact of displacement? |
| **Family Impover-ishment** | Which families are most severely impoverished and why? | Which families are most at risk of being severely impoverished? | What measures would prevent or mitigate impoverishment? |
| **Education Disruption** | Which children are not attending school and why? | Which children are at risk of having their schooling disrupted? | What measures would prevent disruption of schooling? |
| **Social Disruption** | What cultural, social and value disruption is occurring? | Which children are at risk? | What measures would prevent or mitigate social disruption or value distortion? |

| Emergency Response | Preparedness | Rehabilitation & Recovery |
|---|---|---|
| When conflict occurs, what emergency actions are required to end the conflict? | What readiness measures would contribute to emergency actions to end fighting? | What rehabilitation and recovery measures are necessary to restore peace? |
| What emergency actions are required to prevent further loss of life? | What preparedness measures for threats of loss of life can be taken by families and interveners? | What rehabilitation and recovery measures are required for surviving family members? |
| What emergency actions are required to address the needs of injured, ill, malnourished and disabled children? | What preparedness measures will ensure effective emergency services to injured, ill, malnourished and disabled children? | What rehabilitation and recovery measures are required for injured, ill, malnourished and disabled children? |
| What emergency actions are required to address the needs of children being tortured, abused, detained, abducted or recruited? | What preparedness measures will ensure effective services to children who are being tortured, abused, detained, abducted or recruited? | What rehabilitation and recovery measures are required for children who have suffered torture, abuse, detention, abduction or recruitment? |
| What emergency actions are required to address the needs of unaccompanied children? | What preparedness measures will ensure effective emergency services to unaccompanied children? | What rehabilitation and recovery measures are required for children and for families with missing members? |
| What emergency actions are required to address the needs of children who are psychosocially distressed? | What preparedness measures will ensure effective emergency intervention on behalf of distressed children? | What rehabilitation and recovery measures are required for children who have suffered traumatic experiences? |
| What emergency actions are required to meet the needs of children who are displaced? | What preparedness measures will ensure effective emergency services to displaced families? | What rehabilitation and recovery measures are required to ensure the well-being of displaced persons? |
| What emergency actions are required when severely impoverished families are identified? | What preparedness measures will ensure effective emergency services to impoverished families? | What rehabilitation and recovery measures will facilitate recovery of impoverished families? |
| What emergency actions are required when a disruption in education occurs? | What preparedness measures will ensure effective emergency services when schooling is disrupted? | What rehabilitation and recovery measures will facilitate the return of normal schooling? |
| What emergency actions are required to counter threats of cultural and social disruption and value distortion? | What preparedness measures will ensure effective emergency response to cultural and social distortion? | What rehabilitation and recovery measures will facilitate the return of a healthy cultural and social milieu? |

# Protecting and Caring for Children in Conflict Situations

- Loss of Life
- Injury, Illness, Malnutrition, Disability
- Torture, Abuse, Imprisonment, Recruitment
- Unaccompanied Children
- Psychosocial Distress
- Education Disruption

# Loss of Life

*The number of children's lives lost in situations of armed conflict can be reduced.*

Bullets and shrapnel don't choose child victims; victims are decided by the person who aims a gun, drops a bomb, throws a tear gas cannister, wields a machete, prevents food from being grown or distributed, denies essential immunizations, withholds resources or makes other life-and-death choices. The death of civilians, particularly children, is not an inevitable result of conflict. Choices can be made that avoid deaths and ensure protection.

But is it possible to reduce the number of deaths of civilians, children in particular, in situations of armed conflict; where indiscreet killing tactics are used; where state-sponsored repressive systems rule by terror; where undisciplined rebels destroy any semblance of law and order; where death squads operate outside the law or usual moral codes; where sophisticated armed forces with indiscriminate, long-distance weapons cause mass destruction? Obviously, protecting the lives of children under such circumstances is not easy, particularly when the principal tools for the task are calls to the humanity of combatants, persuasion, public pressure and, sometimes, a few humanitarian resources.

Yet, experience confirms that positive humanitarian action does make a difference. The will of those who decline to sanction, even in war, the killing of civilians, particularly children, is a powerful force, an important counterbalance. Preventing civilian and child deaths is an important concern of humanitarian initiatives in situations of armed conflict. Commitment to the survival of children provides a clear goal: *that in situations of armed conflict the lives of civilians, particularly children, be spared.*

The purpose of this chapter on loss of life is to encourage whatever initiatives are required to prevent the death of civilians, particularly children, in situations of armed conflict.

A 7-year-old boy scavenging rice was shot dead by soldiers who assumed he was an insurgent.

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A young child was shot and killed by a drunk paramilitary soldier known in the village as an alcoholic and a bully.

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In five years of war in Mozambique more than 320,000 children died, most of diseases that are preventable or can be cured by simple treatment.
(Min. of Health 1988, 50)

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In 1988 alone in southern Sudan an estimated 250,000 civilians, mostly women and children, died of starvation and disease related to civil war, disrupted food production and lack of health and other essential services.
(ANPPCAN 1991, 6)

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## Facts

An estimated 1.5 million children died in the 1980s as a direct result of armed conflicts (UNICEF 1990, 193). In congested displaced persons camps, in homes affected by food shortage, wherever conflict occurs, the graves of the children are dug first. More often than not their deaths are silent affairs, seldom making headlines and having no impact on war policy or the war effort.

Table 7
**Causes of Child Deaths**

- *Intentional killing*—the purposeful targeting and killing of children (e.g., shooting children)
- *Non-discriminatory killing*—the killing of children when they are among targeted victims, though not specifically singled out (e.g., bombing)
- *Negligent killing*—the killing of children by neglecting to provide essential life-support services (e.g., failing to provide emergency relief)
- *Consequential killing*—when children die as a secondary consequence of actions taken (e.g., death caused by lack of food due to impoverishment)
- *Inadvertent killing*—accidental deaths (e.g., children killed while playing with ordnance)

The deaths of children in situations of armed conflict may broadly be categorized as *intentional, non-discriminatory, negligent, consequential* or *inadvertent*. These categories reflect the fact that the killing of children can be the result of willful acts, lack of action, unintended but secondary consequences, or unintended and accidental situations.

**Intentional killing.** The intentional killing of children continues to occur on a very large scale. Some children are targeted specifically or included in massacres because of suspicions that they are part of or actively support a party to the conflict. Occasionally children are intentionally killed for no apparent purpose; sometimes by drunk or mentally unfit combatants; sometimes simply out of meanness and bestiality. Children are killed to create terror among civilian populations, sometimes to intimidate or force parents to give information. Some children die in torture. Child soldiers, as parties to a conflict, share the same risk of being killed as all other combatants (and many times, a greater risk).

**Non-discriminatory killing.** Sometimes, while children may not have been purposefully targeted, they are nonetheless the victims. Non-discriminatory killing of children occurs when the adults they accompany are targeted, as, for example, when famine is used as a weapon. Children sometimes die because combatants mix with

civilians for social reasons or use them as camouflage. Children are among family members who live in combatant encampments. Civilians, including children, sometimes ride in military vehicles that come under attack. Sometimes whole groups of civilians, including children, are killed as a group retaliation or punishment.

Children also die from mass-killing warfare methods—bombing raids, the strafing of villages, long-range shelling, mining of roads and fields. Particularly in internal conflicts, the civilian population, children included, is often exploited by all parties, who use them as a source of recruits (often forced) and material and logistical support (also often forced). In all conflicts the civilian population is caught in the middle, threatened constantly by parties who fear that they may transfer their allegiance or that they are aiding the opposing side.

**Negligent killing.** A major cause of child deaths in situations of armed conflict continues to be the lack of essential life-sustaining services. Negligent killing includes failures of parents to protect children, as when parents purposely send their children unaccompanied into situations in which there is great risk of death or severe abuse. Negligent killing also includes preventable deaths caused by lack of adequate or appropriate intervention on behalf of children whose lives are at risk (very likely the cause of most child deaths in situations of armed conflict).

Negligent killing can occur from failure of agencies to act in a timely way, failure to ensure that adequate resources are made available and failure to provide properly trained emergency staff. Other examples are failure of combatants to offer emergency medical aid to civilians injured in conflict, failure of governments and aid organizations to put in place adequate emergency medical services for the special needs of conflict situations, failure to immunize children or provide safe water and adequate sanitation in displaced persons centres.

**Consequential killing.** Consequential killings are not intentional but are a consequence of the actions taken by adults involved. This category includes, for example, the deaths of injured children, the deaths of children who die from malaria due to the disruption of mosquito control programmes, children who die from lack of care

Thinking that rebels were inside, soldiers shot into a hut, killing a pregnant woman and her husband. The couple's young child was wounded and, bleeding profusely, was left to die.

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One child was killed and two were wounded when rebels attacked the encampment where they were staying with their father.

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Armed men entered the house of a 16-year-old mother to question her about her husband. After interrogating and raping her, they broke the neck of her 9-month-old baby.

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During a massive "search and destroy" mission in which airplanes, helicopter gunships and large guns were used to bomb and shell areas suspected of harbouring rebels, children died in the bombings and from illnesses caused by families' being forced to live in the forest for a protracted time. Relief teams were denied access.

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In response to a massive bombardment of their area, 35,000 people fled down the mountain to temporary evacuation centers. Within three weeks 300 children died of measles and diarrhoea because of inadequate food, lack of immunizations and lack of safe water and sanitation. Some 200 additional children died from illnesses and deprivation-related causes when families returned to ruined homes, and fields and livestock that had been destroyed.

In Namibia the deaths of children during military occupation were caused predominantly by curtailment of health services, restrictions limiting family food production, destruction of water supply and other infrastructure, and civilian misuse of abandoned lethal war materials.

after a parent disappears or is killed. It also includes children who die from illnesses, epidemics and other consequences of impoverishment brought on by "slash-and-burn" techniques, destruction of livestock, disruption of the planting cycle or infrastructure intended to weaken the economic base of the enemy. Such deaths are rightly classified as conflict-related deaths, although the immediate cause is secondary to the conflict itself.

**Inadvertent killing.** Some conflict-related deaths of children are purely accidental, such as when shells explode in the hands of children playing with them.

By segregating causes of conflict-related deaths of children into similar categories, it becomes more obvious that children lose their lives in varied ways in conflict situations. Preventive actions must be directed to the specific causes of death. Each type of killing has its own antidote.

In considering ways to avoid those deaths, it is obviously important to assess which parties are doing the killing. As reflected in the categories of violence noted in the previous chapter, parties who kill children may be persons associated with government armed services, such as soldiers and pilots; rebel, insurgent or invading groups; death squads or fanatical groups; paramilitary organizations or village defense forces; or government services such as police or intelligence. Sometimes the killing is done by bandits and lawless individuals acting on their own; sometimes these people are directed by others. Where children's deaths are caused by negligence or absence of reasonable life-sustaining services, the involved parties can be parents, government ministries such as health and social services, NGOs, even international organizations. Very importantly, the parties who kill civilians and children may be acting on their own volition or on the orders of others.

## Humanitarian law

International law unequivocally addresses the issue of threats to lives of civilians, particularly children, in situations of armed conflict. Established principles are reflected in the selected key articles listed in Table 8.

Table 8
**Selected Key International Law Principles Regarding Threat to Life of Civilians**

*"Everyone has the right to life, liberty and security of person."*
—Article 3, Universal Declaration of Human Rights

*"1. States Parties recognize that every child has the inherent right to life.*
*"2. States Parties shall ensure to the maximum extent possible the survival and development of the child."*
—Article 6, United Nations Convention on the Rights of the Child

*"The child shall be in all circumstances the first to receive protection and relief."*
—Principle 8, Declaration of the Rights of the Child

*"Fundamental guarantees*

*"All persons who do not take a direct part or who have ceased to take part in hostilities, whether or not their liberty has been restricted, are entitled to respect for their person, honour and convictions and religious practices. They shall in all circumstances be treated humanely, without any adverse distinction. It is prohibited to order that there shall be no survivors.*

*"Without prejudice to the generality of the foregoing, the following acts against the persons referred to in paragraph 1 are and shall remain prohibited at any time and in any place whatsoever:*
*"(a) Violence to the life, health and physical health and physical or mental well-being of persons, in particular murder as well as cruel treatment such as torture, mutilation or any form or corporal punishment;"*
—Article 4, paragraphs 1 and 2, Protocol II Additional to the Geneva Conventions

*"Attacks and bombings on the civilian population, inflicting incalculable suffering, especially on women and children, who are the most vulnerable members of the population, shall be prohibited, and such acts shall be condemned."*
—Article 1, Declaration of the Protection of Women and Children in Armed Conflict

*"The death penalty shall not be pronounced on persons who were under the age of eighteen years at the time of the offence and shall not be carried out on pregnant women or on mothers of young children."*
—Article 6, paragraph 4, Protocol II Additional to the Geneva Conventions

A group of five children found an unexploded bomb. Although the children knew it was a bomb, they attempted to dismantle it. The bomb exploded, killing all but one boy, who was blinded.

An estimated 9 per cent of the population of Afghanistan were killed between 1978 and 1987 (Sliwinski 1988, 1).

About one of every three civilians died in Uganda's "Luwero Triangle" region between 1980 and 1985 from military operations involving indiscriminate killings and destruction in efforts to suppress anti-government guerrillas (ANPPCAN 1991, 6). After the conflict period, the death of children has been predominantly from such indirect causes as malnutrition, lack of health services, lack of safe water and ill effects of living in crowded displaced persons camps (UNICEF Uganda 1991).

**Common problems in programming—to prevent loss of life.** The bold facts confirm the urgent need for a strengthened commitment to ensure the survival of civilians, children in particular, in situations of armed conflict; strong support exists in the public conscience, amply defined in humanitarian law principles. Yet striving to reduce the deaths of children in situations of armed conflict poses many challenges.

The most formidable obstacles are rationalizations by combatants that attempt to justify the killings. Common justifications include assertions that such actions are necessary, that the deaths are unavoidable, that all civilians are partisans and that the killing was carried out on the basis of orders from higher authorities.

Where the deaths of children result from inadequate supplies or funds for essential life-support services, the situation is often excused as a consequence of inadequate resources rather than the distribution of resources being acknowledged as a matter of choice. Deaths related to impoverishment are often discounted as family failures rather than the failure of systems to make subsistence possible. Health ministries, social services and NGOs often excuse the deaths of children due to ineffective emergency services as bureaucratic tangles, saying that others were responsible or that the efforts made were well intended.

Despite rationalizations, the killing of civilians and children remains a sensitive issue in most conflicts. The parties involved almost always attempt to remain obscure. The incidents are often covered up. Documentation about the killing of civilians, children in particular, is often incomplete, distorted or untrue. Rather than being considered fairly in a court of law, perpetrators are often excused or protected. Persons known to be concerned about civilian deaths are often suspected, labeled, harassed, threatened, and sometimes they are killed. Efforts to assist survivors are often obstructed.

All too often programmes that claim to be dedicated to the protection and well-being of children fail to address the causes of children's deaths. Statistics are commonly noted, but insufficient preventive actions are taken.

## Programme Strategies

Despite the above-mentioned obstacles and limitations, in virtually every conflict situation committed parents, benevolent individuals, government officials and agency workers, often at personal risk, strive to ensure the protection of civilians, children in particular. Their efforts bear witness to the fact that actions can be taken to protect the lives of children. The following general programme strategies are gleaned from a review of efforts in conflict situations.

### Know the facts

The facts about children's deaths are absolutely essential and should be a "lightning rod" for action. Both occasional assessments and ongoing monitoring of children's deaths are required. A general assessment framework is provided in Table 9.

Since the goal of monitoring is not just to record or report but to prevent further deaths, statistics alone are not adequate. In addition to incidence, it is important to know the victim's age and sex, plus the cause and circumstances of the death.

In El Salvador between 1983 and 1990 at least 105 children were killed by explosive devices, some of which where found in bottles, balls, milk cans and places where children play or pass by (Marino 1990, 3).

### Monitor risk

To spare children's lives, one must establish which children are at risk of death and from what threats. Assessing deadly risks to children must be an ongoing priority-monitoring concern in situations of armed conflict. The more specific the identification of the risk and the risk group, the more likely that effective preventive actions can be taken.

Risks to the lives of children should be discussed and monitored by parents, teachers, government workers and interveners in villages affected by conflict, in groups already forced to leave their homes and in communities where food is scarce. In evacuations, for example, the lives of children are at great risk if the children are poorly nourished, have not received basic immunizations and are crowded together or forced to drink contaminated water. Recognition of such risks should be a call to implement preventive measures.

## Preventive actions

The right to life is the most fundamental of all rights, and protecting the lives of children in armed conflict situations is a most basic responsibility of society—the parents, the family, the group, the nation and others. When a child dies, one must ask, "What measures might have been taken to prevent this child's death?"

Each of the many threats to children's lives in situations of armed conflict requires its own humanitarian countermeasures. Obviously, if the death of children is caused by diarrhoea, such preventive measures as sanitation and such emergency responses as oral rehydration are needed. If children are accidentally dying from playing with mines and armaments, educating children about such risks may be required. If children are dying from being shot or tear-gassed, public advocacy and legal action may be required to bring about a change in military tactics. Preventive actions must address actual risks. While most of the intervention actions mentioned throughout this book could be classified as preventive actions, several specific strategies are mentioned below.

**Advocate the non-violent resolution of conflicts.** Non-violent approaches to the resolution of conflict would spare the lives of children and avoid great suffering and destruction. All parties have responsibilities for preserving the peace and creatively and constructively finding ways to resolve differences.

**Advocate the elimination of instruments of war particularly designed to kill children.** Protecting the lives of children requires public advocacy against the manufacture, sale and use of such armaments as explosive devices disguised as children's toys or items to which children are attracted. Advocacy is also required against the misuse of any other war materials, such as tear gas, that cause children's deaths.

**Advocate for the concept of children as a zone of peace.** "Children's lives should be spared" is one of the most fundamental messages that must echo throughout the conflict landscape. It is important that this message be an unwavering position of the public, the government and all combatant groups.

**Advocate against the killing of children.** Citizens groups in the Philippines mounted public campaigns and approached all combatants with an appeal to "spare the young". The Government response was positive. New policies were adopted that recognized the rights of civilians in conflict areas and established new guidelines for evacuations, which previously had resulted in many children's deaths. Also, new guidelines for the temporary suspension of hostilities in times of conflict to allow relief supplies and health care to reach children living in war zones were issued by the armed forces chief of staff. (UNICEF 1991, 17)

**Implement family safety measures.** Families are the first line of defense in children's safety. With regard to all threats to life of children, any measure that helps parents better protect their children helps the children themselves. In most cases no one knows better than the family what risks are faced. But that knowledge may be incomplete. Additional information may be required, for example, to help families understand the increased importance of immunization of young children if the fam-

Table 9
**Assessment Questions—Loss of Life**

Facts
- How many children have died from conflict-related causes (both direct and indirect)? What are their ages, sexes, ethnicity and location?
- What were the causes and circumstances of their deaths?
- How many civilian fathers and mothers have died?
- What were the causes and circumstances of their deaths?

Risk
- What children are at risk of losing their lives?
- What are the likely causes of death of the children at risk?
- What are the likely causes of death of civilian mothers and fathers at risk?

Prevention
- What measures might be taken to prevent children at risk from dying?

Response
- When the lives of children and civilian adults are threatened or deaths are occurring, what emergency actions are needed to protect those at risk and prevent further loss of life?
- What are the needs of survivors?

Preparedness
- What advance measures might be taken by families, public services and other interveners to strengthen the effectiveness of emergency efforts when threats to life and loss of life occur?

Rehabilitation
- What are the immediate post-loss needs of surviving family members?

Recovery
- What are the recovery needs of surviving family members?

ily might be displaced; what measures to take during air raids; what protective measures children should take at school; what protective actions to take if sudden fighting erupts when the family is separated.

Ensuring that mothers know that infants with diarrhoea need to be rehydrated and have access to the required oral rehydration salts has often saved lives. In northern Sri Lanka and in some conflict-affected areas of the Philippines, local residents confirmed that information about digging of home emergency shelters saved many lives.

In Nicaragua teachers in war zones prepared evacuation plans for their classes. Designated refuge areas were pre-arranged. Some teachers were assigned to lead the children to safety. Others were assigned to comfort and calm the children in the refuge. Drills were practised regularly.

**Review international law.** The protection of children is enhanced by ensuring that the public, the government and all combatants are aware of existing international humanitarian law principles that advocate the protection of civilians and the special protection of children. This is most likely to be helpful when the principles are understood not as rules imposed from the outside but as reasonable, internationally adopted standards of behaviour. International humanitarian law protects the lives of children in many ways, including by calling for children's respect, prohibiting actions that injure children, limiting the methods and means of warfare and assuring the provision of essential services. Ongoing dissemination of such information is important and is likely to be most effective when all sectors of society are involved—the media, schools, religious organizations, NGOs, military and combatant groups and public figures.

In Nicaragua a three-year preventive health programme, "That the Children May Live", was implemented in high-risk areas by the Red Cross and the Red Half Moon organizations to encourage parents to take preventive child health measures for diarrhoea, immuno-preventable diseases and acute respiratory illness and to provide information about vaccination, child nutrition, hygiene and the benefits of breastfeeding.

**Review national law.** Some threats to children's lives can be addressed through national law. National acceptance of the primacy of children's survival can affect all activities—resource allocation, institutional arrangements, service delivery, judicial proceedings, military and political actions. The timely review of national law regarding the specific threats to children's lives during armed conflicts is important; all too often the law follows rather than leads.

**Involve community and public services.** Many children's lives in conflict situations are dependent upon effective and timely public services. It is essential to upgrade or redirect public services to ensure that preventive measures are taken. Public health ministries are, for example, often responsible for providing safe water and sanitation to displaced persons. Ensuring that safe water and sanitation are available when needed is a preventive measure that saves children's lives, as is

raising the level of immunization among children who, with their families, may need to evacuate their home or who have just been displaced. Ensuring that effective health services and supplies exist is another of many preventive actions that can be taken.

## Emergency response

Children whose lives are at stake depend on preventive action. However, in situations in which children are dying—in medical emergencies, food shortage emergencies, shelling, massacres, torture situations or for any other reason—emergency response is required to prevent the deaths of other children. Emergency actions will obviously depend upon the nature of the threat. It is essential, however, that during conflicts interveners be prepared to intercede on an emergency basis on behalf of children whose lives are threatened.

Families, communities, NGO workers, governmental employees and combatants should discuss and find ways to mobilize emergency protective actions. Mobilizing resources, implementing services or private and public advocacy may be required. The Red Cross organizations and NGOs, for example, often attempt to provide services and advocate on behalf of threatened victims through private channels. Amnesty International initiates appeals to citizens around the world for urgent lobbying actions in rights abuse cases where life is threatened, as do various other rights monitoring groups.

In Sri Lanka to prevent children's deaths among the 80,000 people suddenly displaced into small camps, chlorinated water was made available, sanitary facilities were built, bathing facilities were established, a volunteer camp cleaning programme was organized, food was made available and health posts were established.

## Preparedness

Careful preparation will enhance the effectiveness of emergency actions. This can include help to families, community discussion, inter-agency planning and coordination, establishing lines of communication, training of staff and issuing advisories and guidelines to those who will provide services.

## Rehabilitation and recovery

The needs of surviving family members deserve every consideration, for the loss of a child is one of the greatest losses possible to parents. Intervention efforts should support and enhance family and community support to families that have lost members.

## Principles to Guide Action

1. Preventing the death of children deserves the highest priority in concern and action.

2. Focus on the children in the poorest families, for they are usually the most at risk.

3. Actions to protect children's safety should always be made in full consideration of their psychosocial best interests. Actions taken to protect children should be made with regard to preserving their care within their own families, for example, rather than separating children from their families.

4. Encourage documentation and analysis as to the cause and circumstances of children's deaths.

5. Advocate for the public support of children as a zone of peace and for whatever public actions are required to protect children from dying or being killed.

6. Ensure that the public, policy makers and all combatants are aware of national and international laws that affirm the right of children to special protection.

7. Encourage all concerned parties to monitor risks that threaten the lives of children and to take protective countermeasures to minimize those risks.

8. Give special attention to such common killers of children as diarrhoea and simple childhood diseases.

9. Support families' efforts to protect their children.

10. Provide children with information that will help them avoid dangers that may lead to their deaths.

11. Ensure that effective emergency preparedness systems at the village, community, provincial and national levels are responsive to the emergency needs of children.

12. Ensure that effective and timely emergency responses are provided where children's lives are threatened. Establish quick response action programmes.

13. Give special consideration to the threats to life of displaced children and to children in impoverished families.

14. Encourage the peaceful resolution of conflict.

# Injury, Illness, Malnutrition, Disability

*The health of children in situations of armed conflict can be protected.*

Every situation of armed conflict poses severe threats of injury, illness, insufficient food and disability to children. The objective of humanitarian assistance is to counter those threats. More specifically, the goal of humanitarian efforts with regard to children's health in situations of armed conflict may be defined as *preventing injury, illness, malnutrition and disability; and ensuring that when children are so affected, timely and effective remedial assistance is brought to their benefit for full recovery.*

Achievement of this objective is measured by children's health. A tally of the incidence of childhood injury, illness, malnutrition and disability is a monitor of the success or failure of preventive efforts. A tally of the recovery of injured, ill, malnourished and disabled children is a monitor of the success or failure of remedial assistance.

The need to protect and provide for children's health needs is widely accepted, and many successful interventions are being implemented. Despite these good efforts, however, many children continue to die; are injured, ill or disabled; and suffer from lack of adequate food. In many (or most) conflict situations preventive and curative health services are reaching only a small percentage of affected children. Careful analysis and assertive actions are required to counter current failures to ensure the health of *all* children in conflict situations.

Preventive and curative health, food security and nutrition programmes and the prevention of disabilities and rehabilitation of the disabled are each large subject fields. As an overview, this chapter focuses only on broad programme strategies rather than on the equally important technical aspects. Interested readers are encouraged to seek additional information from the extensive literature existing on each of these topics.

## The health environment in conflict situations

A review of conflicts in Africa, Asia, Central America, Europe and the Middle East confirms that conflicts everywhere have strikingly similar effects on health environments. Obviously, each situation is unique, but the commonalities provide a basis for planning and action.

Conflict can be said to affect a health environment in three fundamental ways. It commonly threatens family food supply. It creates many obstructions to the delivery of health services, and it increases the need for health services. Experience confirms that the threats and obstructions to health services can be overcome, but only by extraordinary action.

A study of the household food security situation in conflict-affected northern Namibia confirmed that family food shortages were created by inability of families to purchase available food rather than shortage of supply. The study concluded that income support was required and recommended that temporary work for wages and cash grants to farmers be considered. (Hay, Pell and Tanner 1990)

**Family food supply is threatened.** The health of children is inextricably linked with their nutritional state. In addition to the suffering caused by food shortage, poorly nourished children are more likely than others to be ill and less likely to recover. Nutritional state is essentially determined by the foods eaten, which is determined by what food is available in the family "cooking pot". Analysis of the family cooking pot and the ways by which families secure food for it provides a sound basis for understanding food and nutritional needs (Currey 1988). These simple truths are sometimes overlooked in considerations that focus only on national production levels, food aid donations or market mechanisms.

Despite innumerable measures families take to grow, gather, purchase, borrow or in other ways secure food, maintaining a sufficient cooking pot during conflict situations is difficult. To make matters worse, in many conflicts today combatants purposefully minimize civilian access to food to harass, subjugate or control.

Destruction of crops, displacement of people away from their food sources and unemployment are but three obvious ways in which conflict disrupts the flow of food into the cooking pot. In many situations local and household food supplies are looted and crops are destroyed. Fear of working the fields; absence of formal and informal credit; shortage of seeds, fertilizers and tools; curtailment of agricultural extension; and disruption of veterinary services can stymie production. Family food security can be affected by depletion of national stocks, lack of foreign exchange and market disruptions. Economic decline, destruction of factories and unem-

ployment are important causes of family impoverishment. Blockades, disrupted communication systems and lack of transport can obstruct importation of food into areas of shortage. Essential goods can be held up in ports.

Escalating prices often place food beyond the purchasing power of the poorest families. In many food shortage emergencies, there may be food in the marketplace, but the poorest families have no way to grow or purchase food for their cooking pot. Malnutrition, even starvation, may be the result.

There are three other important considerations regarding food shortage emergencies. First, the combination of conflict and the destruction of food from drought and flood is lethal without adequate intervention. During the 1980s virtually every large-scale loss of life occurred when drought or flooding destroyed already precarious family food sources and ongoing conflict obstructed needed interventions. During conflicts in Chad in 1984, Ethiopia in 1985, Mozambique in the mid-1980s, Sudan in 1987 and 1988 and Uganda in the early and mid-1980s the large-scale deaths of civilians occurred when the hardships imposed by the conflicts were accentuated by severe droughts. Food shortages in Angola and Sudan were also exacerbated by severe floods.

Second, few circumstances are more disruptive to the ability of families to put food in the cooking pot than displacement. Families that are forced to leave their social and economic systems must be able to grow, purchase, receive free or in some other way secure food in their new situations. It is inherent in the nature of displacement that displaced families have great difficulties meeting essential food needs; assistance is predictably required. Acute malnutrition among refugee children, estimated to be the state of nearly a quarter of a million children in 1990 (Berry 1990, 2), reflects a continuing local and international failure.

Third, in conflict situations when local food security is destroyed, families tend to move to urban areas in search of food or employment. This not only transfers a rural problem to an urban setting but also creates new health, environmental and social problems and significantly alters the interventions required. Unless special efforts are taken, the shantytowns and slums where people are forced to seek refuge obscure family food shortages.

After independence in 1975, health was made a priority in Mozambique. In the next six years the number of peripheral health units rose from 446 to 1,039; thousands of paramedical staff were trained, and the national health budget more than tripled. War and destabilization then began to undermine the advances. By 1989 some 54 per cent of the population was dependent on food aid, and 30 per cent of the health network had been destroyed.

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A Harvard University study of the health effects of the war on two rural communities in Nicaragua reported that more than 100 Nicaraguan health workers were killed by Contra rebels, 65 health facilities destroyed and 37 forced to close (NHSCH 1989, 428).

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**The delivery of health services is obstructed.** In virtually every conflict the delivery of health services to children and other civilians becomes problematic. When the government is a party to the conflict, government health services are often rendered minimally effective, particularly in areas of dispute. Usual preventive programmes are typically disrupted.

Medical personnel must work in harsh and dangerous situations. In Angola, El Salvador, Guatemala, Mozambique, Nicaragua and Sri Lanka, to mention but a few examples, health workers have been intentionally targeted and killed. Because of threat to safety some health staff leave their posts; many professionals migrate to safer countries. Remaining staff often must work in greater isolation with diminished supervision, support, resources and supplies, and may even be forced to go months without pay.

Clinics and hospitals are ransacked and damaged, ambulances destroyed, and equipment and supplies stolen. Rescue efforts are obstructed. Because travel to and from health facilities becomes dangerous, people are more reluctant to seek medical assistance. Demonstrations, general strikes, curfews and declared military zones limit travel and access to medical facilities.

Particularly in contested areas where popular support is uncertain, medical services to some sections of the population may be given low priority. Also, and very importantly, during conflicts competition for increasingly scarce resources intensifies the risk of health budgets' being sacrificed for military and other needs.

The overload, disruption and breakdown of public services (in urban centres or elsewhere) is another important direct and indirect way in which conflict affects the health status of children and their families. In Beirut, for example, conflict swelled the urban population, thereby increasing demand for water, sewerage and refuse disposal. At the same time conflict caused damage to physical infrastructural systems, a decline in budgets for maintenance and repair and a reduction of services resulting in water cut-offs, unsafe home storage systems, increased reliance on private wells, electricity disruptions and disrupted disposal, all of which increased hardships and health risks.

**The need for health services increases.** Hindrances to health care, such as those mentioned above, occur just when health services are most needed by children and their families. It may be assumed that in conflict situations there is always an urgent need for *expanded* routine preventive health services, environmental health interventions, maternal and child health services, regular curative services and rehabilitation.

The killers of most children in conflict situations are but expansions of the usual threats to children's health. In war-affected Mozambique, the major killers were diarrhoea, malaria, measles, pneumonia and malnutrition, a pattern repeated in virtually every conflict situation.

During the 1980s some 2-3 million Afghan children are estimated to have died from such causes as infectious diseases, malnutrition, diarrhoeal diseases, short birth intervals, poor infant weaning and feeding practices and misuse of medicines (Haffenden 1988, 112).

However, in addition to such threats to children's health, many civilians, including children, are purposefully targeted, injured and caused to be ill in conflict situations. Scattered examples exist in every conflict, but in some conflicts the injury of children is pervasive, as seen among Palestinian children, black South African children under apartheid, Mozambican children and children in Cambodia under the Khmer Rouge.

In addition to regular services, conflict situations create many new demands on health services. An increase in the number and type of traumatic injuries—gunshot wounds, blast injuries, mutilations, broken bones, psychosocial distress and disability injuries, for example—requires different emergency and rehabilitative services than may ordinarily be provided in local clinics. In the war in Afghanistan, as in many conflicts, many children (and adults) were severely burned, far exceeding national capabilities to treat burn patients.

In Uganda, immunization coverage had reached an all-time high of 70 per cent by 1973 but steadily declined thereafter. By 1980 fewer than 10 per cent of age-eligible children were immunized with BCG and fewer than 5 per cent for DPT, measles and polio. (Wiebe and Dodge 1987, 104)

It may be assumed that displacement always increases health risks to children. In addition to having to move under extremely harsh conditions and becoming destitute in the experience, more often than not displaced families are forced to live in congested surroundings. Crowding increases the exposure and risk of communicable childhood diseases unless adequate efforts are made to counter them.

Impoverishment, the companion of displacement, quickly reduces the nutritional state of children. In the evacuation centres,

refugee camps, displaced persons encampments and urban slums where displaced people seek refuge, the health of children is further threatened by squalid conditions, unsafe water, unsanitary arrangements and inadequate shelter. High loss of life and illness among displaced people in the Philippines confirms that unless corrective actions are taken, the health of displaced families will suffer even in a country with a highly developed health system and even when displaced people are in urban centres.

Poor health, unsanitary conditions and crowding also increase the risk of epidemics. Recent large-scale cholera epidemics in Peru Somalia and Mozambique and the increase in deaths from smallpox that occurred during Bangladesh's war of independence are serious reminders of this threat.

Armed conflict is a leading cause of disability for women and children. Children are disabled both by direct war traumas—gunshots, mine explosions, bombs and poisons—and indirectly through disruption of immunization services, lowered standards of living and malnourishment. If adequate preventive and emergency measures are not taken in a conflict situation, the number of children disabled from traumatic injuries and from such childhood illnesses as polio, tuberculosis, measles and vitamin A deficiency increases.

For every child killed in a conflict situation, three are estimated to be seriously or permanently disabled (UNICEF 1991, 2). The chance that children will receive rehabilitative services is very low, for only about 3 per cent of children with disabilities in developing countries receive rehabilitative services, and such services are often disrupted in conflict. The lack of adequate services for the disabled is illustrated by estimates that only 10-20 per cent of disabled children in Angola and Mozambique receive even low-cost prosthetic devices, that rehabilitative services are available to only 20 per cent of the disabled children in Nicaragua and El Salvador and that only 1-10 per cent of disabled Afghan children receive the assistance needed (UNICEF 1991, 6).

Of 19,974 handicapped persons identified in a 1982 national survey of handicapped persons in Lebanon, 1,421 persons (about 8 per cent) were classified as being disabled as a result of "Lebanese events" (the conflict) (el Husseini and Houri 1982).

In Afghanistan 350,000-500,000 individuals, of whom 100,000 are children, are estimated to have war-related disabilities (UNICEF 1991, 5).

Some 20,000 people in Angola and 50,000 people in Mozambique have had limbs amputated as a result of conflicts in these countries (UNICEF 1991, 5).

## Humanitarian law

There are numerous international laws specific to civilian rights to food and health care in conflict situations and to belligerents'

responsibilities to ensure such. Selected key articles in humanitarian law are listed in Table 10.

## Common problems in programme implementation

Some of the failures to ensure the health and well-being of children in situations of armed conflict arise more from organizational problems than from situational constraints. It is useful to examine common problems in considering ways by which current efforts can be strengthened.

In the midst of heated conflict, efforts to protect and ensure the health of children are weakened when there is ambiguity of humanitarian principles. This is obvious when military objectives are unrestrained, without even minimal consideration of humanity. It is also seen when basic services are denied to certain groups or, more commonly, by the absence of the extraordinary efforts required to reach certain children. It is evident when civilians of specific ethnic groups or children belonging to families of "the other side" are not afforded equal services. It is evident too when organizational interests, political aspirations or publicity-motivated actions take precedence or undermine the quality of services that should be dictated by humanitarian concerns.

Bureaucracies are built on established routines and long traditions of operation. Conflict situations create new, highly fluid environments in which innovation and flexibility are necessary to ensure the health of children. New routines and procedures, changes in working relationships, decentralization, different partners and the development of new systems are often required. Children suffer where there is organizational rigidity and unwillingness to alter usual modes of operation.

What explains the lack of concerted effort to fully address the health needs of children which results in injury to children, untreated illness and inadequate rehabilitative services for disabled children? Sometimes interventions are more token than substantive. They may satisfy the wishes of officials or donors without meeting the needs of the children. Sometimes thinking is simply too small, and interveners are content with "doing a little". Unsatisfactory standards that fall far short of health objectives are unnecessarily accepted as a norm for the situation.

Table 10
**Selected Articles in International Law Pertaining to Food, Health and Disability in Situations of Armed Conflict**

*"Everyone has the right to a standard of living adequate for the health and well-being of himself and/or his family, including food, clothing, housing and medical care."*
—Article 25, Universal Declaration of Human Rights

*"The Child shall in all circumstances be among the first to receive protection and relief."*
—Principle 8, Declaration of the Rights of the Child

*The child has a right to the highest attainable standard of health and to medical and rehabilitation facilities. The state shall take appropriate measures to: diminish infant and child mortality; ensure the provision of necessary medical assistance and health care; combat disease and malnutrition; ensure health care for expectant mothers; develop preventive health care and family planning education services.*
—Article 24 (paraphrased), UN Convention on the Rights of the Child (Nurkse and Castelle 1990, 12)

*"(1) Starvation of civilians as a method of warfare is prohibited.*

*"(2) It is prohibited to attack, destroy, remove or render useless objects indispensable to the survival of the civilian population, such as foodstuffs, agricultural areas for the production of foodstuffs, crops, livestock, drinking water installations and supplies and irrigation works, for the specific purpose of denying them for their sustenance value to the civilian population or to the adverse Party, whatever the motive, whether in order to starve out civilians, to cause them to move away, or for any other motive."*
—Article 54, Protocol I to the Geneva Convention

*"The wounded and sick, as well as the infirm, and expectant mothers, shall be the object of particular protection and respect."*
—Article 16, IV Geneva Convention

*"Parties . . . may establish in their own territory and, if the need arises, in occupied areas, hospital and safety zones and localities so organized as to protect from the effects of war, wounded, sick and aged persons, children under fifteen, expectant mothers and mothers of children under seven."*

—Article 14, IV Geneva Convention

*"Each . . . Party shall allow the free passage of all consignments of medical and hospital stores and objects necessary for religious worship intended only for civilians of another . . . Party, even if the latter is its adversary. It shall likewise permit the free passage of all consignments of essential foodstuffs, clothing and tonics intended for children under fifteen, expectant mothers and maternity cases."*

—Article 23, IV Geneva Convention

*"To the fullest extent of the means available to it, the Occupying Power (in an international conflict) has the duty of ensuring the food and medical supplies of the population; it should, in particular, bring in the necessary foodstuffs, medical stores and other articles if the resources of the occupied territory are inadequate."*

—Article 55, IV Geneva Convention

*"If the civilian population of any territory under the control of a Party to the conflict, other than occupied territory, is not adequately provided with the supplies mentioned in Article 69 (supplies essential to the survival of the civilian population), relief actions which are humanitarian and impartial in character and conducted without any adverse distinction shall be undertaken, subject to the agreement of Parties concerned in such relief actions. Offers of such relief shall not be regarded as interference in the armed conflict or as unfriendly acts. In the distribution of relief consignments, priority shall be given to those persons, such as children, expectant mothers, maternity cases and nursing mothers, who . . . are to be accorded privileged treatment or special protection."*

—Article 70, Additional Protocol I

*Mentally or physically disabled children have the right to a full and decent life in conditions which ensure dignity, promote self-reliance and facilitate active participation in the community. Special care, free of charge whenever possible, is to be provided to ensure that disabled children receive education, training and services leading to the fullest possible social integration and individual development.*

—Article 23 (paraphrased), UN Convention on the Rights of the Child

All too often the health needs of children are given emphasis only after an emergency has developed, after there have been massive deaths and suffering. A health emergency always signals a failure in preventive action. Emergency actions also often reflect a lack of preparedness at all levels of service. While emergency preparedness is receiving greater attention around the world, inadequate preparedness continues to undermine the best intentions and efforts of families, communities and national and international organizations attempting to meet children's health needs in conflict situations. This lack of preparedness is evident when needs are not anticipated, effective readiness systems and procedures are not put in place, support and action are mobilized late, and staff are not trained for tasks they must preform. Inadequate monitoring of health through health surveillance systems is an especially important deficiency.

## Programme Strategies

Many creative programmes are being implemented to avoid the injury, illness and disability of children and meet their nutritional needs in conflict situations. Following are samples of general strategies for preventive, emergency response, preparedness and rehabilitation actions being implemented.

Usual (non-conflict) programme approaches, usual staff levels, usual stocks and supplies, usual treatments, usual training, usual administrative systems, usual implementing agencies and usual budgets are virtually always inadequate in conflict situations. Because conditions in conflict situations increase health risks, accentuate the need for routine services, create new and different types of needs and obstruct the delivery of health services, extraordinary measures and innovations are always required to ensure the health of children.

Positive examples of extraordinary measures and innovations found in every conflict situation repeatedly confirm that it is possible to meet the food and health needs of children in situations of armed conflict if the local community, national authorities and the international community are committed to that goal and take the extraordinary actions required.

**Extraordinary actions at the local level.** As described earlier in this chapter, the health and well-being of children in conflict situations are commonly threatened by various disruptions of food systems and health care services, shortages, hardships and obstructions. Yet this is not the full story. There is a counterforce that must also be recognized. In every conflict, there are individuals and organizations who persist in their humanitarian attempts to save lives, minimize suffering and ensure well-being. Even at risk to life, they refuse to be cowed by belligerents; they move into rather than leave threatened areas; and they work harder, not less, in the face of hardships.

The media most often draw attention to the dramatic relief efforts. While important, highly visible initiatives play secondary roles in the health and well-being of children in comparison to the ongoing extraordinary efforts of individuals and organizations who day after day, week after week, quietly and without publicity persist in a struggle to help families meet food and health needs. Such persons—local leaders, development workers, health workers, social workers and innumerable others at the community level in both the public and the private sectors—ultimately determine the services available to children in situations of conflict.

They are the health workers who remain in the clinics and hospitals

Table 11
**Assessment Questions—**
**Health and Disability**

Facts
- Are children ill or malnourished? Are they being injured or disabled?
- Why?
- What efforts are being taken to address these needs?

Risk
- Which children are at risk of injury, illness, malnutrition or disability?

Prevention
- What measures are required to prevent the injury, illness, malnourishment and disability of children?

Emergency response
- What actions are required to ensure that injured, ill, malnourished and disabled children receive the emergency care required?

Preparedness
- What readiness measures by families, the community and private and public services will ensure effective emergency services to injured, ill, malnourished and disabled children?

Rehabilitation
- What short-term measures are required to ensure the rehabilitation of injured, ill, malnourished and disabled children?

Recovery
- What long-term measures are required to ensure the full recovery of injured, ill, malnourished and disabled children?



S-1

when others flee or who follow animals laden with portable cold chain equipment into conflict areas to vaccinate children. They are the development workers who dedicate themselves to helping families find ways to grow food and earn money. They are the local residents who learn first aid to provide emergency services, who establish clinics in vulnerable areas, who set up services for the disabled, who drive trucks loaded with relief foods into insecure areas. Every conflict provides innumerable examples.

The work of such people was well illustrated in Mozambique where despite extremely difficult circumstances, including the destruction of 30 per cent of the primary health network and the death and abduction of more than 60 health workers (up to 1988), a review of health services revealed that most health workers stayed at their posts and continued to make the dangerous journeys necessary to get medicines and attend training (Fauvet 1988, 1, 2). The same persistence is illustrated by efforts to vaccinate children in conflict areas of Afghanistan, despite the repeated loss of health workers, destruction of vehicles and confiscation and destruction of vaccines. In Mozambique in 1986, during continued fighting 27 previously closed health posts reopened, and 54 new health centres opened (Fauvet 1988, 3).

The faltering or collapse of one system that provides essential services is often covered by others. In particular, NGOs commonly expand services to meet needs that in a more stable situation would be covered by government services. Catholic and Protestant church-owned hospitals in Uganda provided the majority of available health care during peak periods of conflict, for example. In Lebanon, as public services were weakened, more people used private health services. And in every conflict situation, as in every other emergency, new organizations are created in response to perceived human needs.

The extraordinary local measures taken to ensure the health and well-being of children are reminders that the disruption of routine food and health services in conflict situations need not mean the termination of these services. Adaptation is necessary to provide essential services. The actions of individuals and community organizations committed to humanitarian goals provide an important foundation on which to build supportive services to meet children's health needs even in the most extreme situations.

The past also provides numerous examples of extraordinary large-scale efforts on behalf of children in situations of armed conflict that illustrate what can be done when there is commitment to carrying out such efforts. The reader's attention is drawn to four examples—the Belgian relief operation; "days of tranquillity" in El Salvador and Lebanon; and Operation Lifeline Sudan.

**Belgian relief operation.** The first large-scale relief operation in wartime is reported to have been the private international relief effort of the Commission for Relief in Belgium, organized in 1916 during World War I by a group of Americans and Belgians in Brussels (Charnow 1985). The group created the commission to bring food into Belgium to avert a threatened famine caused by an Allied blockade of German-controlled territories, including Belgium.

The relief operation was dependent upon securing agreement from the warring parties. Both British permission for relief goods to pass through the blockade and German guarantees of non-interference with food supplies were required. In addition, the German Government was asked to contribute relief supplies and neutral observation.

Militarists on both sides opposed the idea. The German militarists did not want to weaken the pressure that a threatened starvation of the Belgians would bring, which could eventually secure relaxation of the food blockade against the Germans. Moreover, they feared the relief commission would become an entry point for Allied spies. British and French militarists claimed it was the duty of the Germans to feed the occupied populations; relief of the Belgians would relax the effects of the Allied food blockade on the Germans. Moreover, they argued, the use of ships by the relief commission would deplete available transport.

The commission, however, mobilized the support of citizens and religious and political leaders in many countries in the neutral world. It even sought the support of civic leaders within the warring countries. Citizens committees were established, statements of support secured from heads of state and supportive resolutions passed by local and national bodies. These efforts were instrumental in overriding the opposition of the militarists.

As a consequence of the food "pipeline" established by the commission, an estimated 2.5 million children received food through

the soup kitchens and supplemental noon meals organized by local people throughout conflict areas. During four and a half years of operations, the commission received and distributed some $52.3 million in money, food and clothing. As needs mounted, government subsidies increased the total aid provided in this situation to about $1 billion (Charnow 1985).

**Days of tranquillity: El Salvador and Lebanon.** In July 1984, during the continuing brutal conflict between the El Salvador Government and rebel forces, UNICEF's Executive Director spoke with the president of El Salvador about the continuing annual loss of some 20,000 Salvadoran children due to vaccine-preventable childhood diseases (Hay 1990). A concerted immunization programme for all children in El Salvador was proposed. Implementation of such an effort, however, required the cooperation and support of all parties to the conflict. UNICEF broached and pursued efforts to arrange a temporary cease-fire to ensure that children in both government-controlled and guerrilla-controlled areas could be vaccinated.

Representatives of the Pan American Health Organization (PAHO), UNICEF and the Ministry of Health in El Salvador then carried out a feasibility study of the proposed immunization project. The plan was to immunize at least 80 per cent of all Salvadoran children in three days, followed by similar vaccination campaigns the following two years.

However, the proposed immunization project was contingent upon a negotiated temporary cease-fire between the guerrillas and the government. Direct negotiations between the parties were impossible because the government felt that they would be understood as formal recognition of the guerrilla movement, a gesture the government strongly resisted. To circumvent this obstacle, local Roman Catholic church leaders acted as intermediaries, passing proposals and counterproposals back and forth until this "non-negotiation" yielded an unsigned agreement that each party would not promote armed activities on the days of the immunization campaign if the other acted similarly.

Everyone possible was involved in the planned initiative. Massive social mobilization campaigns were enacted. More than 11,000

television and radio spots signaled the event, as did daily newspaper reports and the printing and distribution of 1 million leaflets, 30,000 brochures and 10,000 posters.

As a consequence of these efforts, for three days each year for three years (1985, 1986, 1987) hostilities ceased in order to facilitate the vaccination of children in El Salvador against diphtheria, whooping cough, tetanus, polio and measles. This goal was achieved through the extraordinary efforts of the government, the guerrillas, the mediators, international organizations and some 20,000 vaccination campaign members supported by clubs, civic groups, churches and bilateral and international bodies.

Following the successful immunization of children in the midst of conflict in El Salvador, a similar effort was explored in Lebanon, again initiated by UNICEF. In the absence of a neutral arbitrator, the UNICEF Executive Director and the regional head of UNICEF in the Middle East negotiated for more than a year with the various parties to the conflict to arrange a three-day cease-fire to facilitate the vaccination of children in a united humanitarian effort.

Finally, with agreement secured, a social mobilization campaign was launched through television, radio and other means to inform the public and engender support. On 23 September 1987, fighting stopped and all parties participated in three days of tranquillity (subsequently extended to a fourth day) so that children across the country could be vaccinated at one of more than 750 vaccination centres established for the campaign. All parties participated, with military factions providing transportation and logistics; the Lebanese government and ICRC providing health workers and UNICEF and the World Health Organization (WHO) providing vaccines, syringes and cold chain equipment.

**Operation Lifeline Sudan.** From 1986 to 1988, as many as 500,000 people died from famine and disease in drought- and conflict-affected areas of southern Sudan (Minear 1991, 6). Attempts by humanitarian agencies to provide food relief were repeatedly frustrated by lack of agreement and obstruction from the warring parties. In 1988 alone some 250,000 people are estimated to have died. With the support of the UN General Assembly, a high-level international meeting of Sudanese officials, bilateral donors and international

organizations was held in Khartoum in early 1989. Its purpose was to draw up a plan of action to prevent a repeat of that tragedy. It was determined that to avert the starvation of an additional 100,000 people, 107,000 tons of food, plus immunization and essential drug supplies, had to be secured and distributed before the next rainy season. It was clear that the operation could only be mounted with the agreement of both parties at war.

Under international pressure and after senior officials personally witnessed the sufferings of starving people, the Sudanese Government gave approval for the UN Secretary General's personally appointed representative, the Executive Director of UNICEF, to negotiate directly with the rebel army for the relief operation. The rebels rejected both a prior government offer of a six-month cease-fire and a proposed one-month cease-fire suggested at the Khartoum meeting. They did agree, however, to eight corridors of peace in the conflict area, through which food and relief supplies could be delivered for a period of one month (subsequently extended repeatedly). Operation Lifeline Sudan, as the operation was called, began with this agreement.

Building upon smaller distribution networks and systems developed by NGOs that had tenaciously persisted in their efforts to meet humanitarian needs in the preceding crisis, a massive national and international effort was organized to move food and supplies across a vast country with very little infrastructure. Through mobilization of every possible means of transportation—ships, lorries, barges, trains, airplanes and animals—the target goal of moving 107,000 tons of food within six months was achieved and exceeded. More than 3,500 tons of non-food items were also shipped.

Operation Lifeline Sudan illustrates well that with extraordinary measures food and health needs can be met during conflict situations, even under extreme conditions. It also shows that social mobilization for humanitarian needs can contribute to a temporary cessation of fighting, which can contribute to a more lasting peace. The agreement of the warring parties to permit safe passage of relief supplies provides an important precedent, upholding the principle that civilians in conflict zones should not be denied essential food and medical care.

## Know the facts

Facts about the health and well-being of children in conflict situations constitute the foundation for effective policy development and action. Because conflicts threaten family food security, it is essential to know the nutritional status of children and the dynamics of the family cooking pot on which children depend. Because of the health risks that conflicts create, special efforts are required to determine the facts about children's injuries, illnesses and disabilities and the effectiveness of current efforts to meet these needs. A general framework for assessment is offered in Table 10.

Knowing the facts includes carrying out periodic assessments. With regard to the risk of malnutrition, for example, assessments of childhood nutritional status, analysis of the family cooking pot and determination of the local and national food situation are essential to bring about preventive and remedial action. A carefully documented analysis of the injury and death of Palestinian children confirmed that the facts were quite different than commonly assumed or officially reported. In the Philippines, university-based researchers provided valuable assistance to policy makers and programme implementers by assessing the condition of children affected by conflict. As another example, a national assessment of all disabled people was carried out in Lebanon in 1982. It not only determined the extent of the problem but also linked disabled persons with the delivery of services.

## Monitor risk

Occasional assessments are important but do not replace the need for ongoing, forward-looking monitoring of risk. Because of the increased risks to the health and well-being of children in conflict situations, it is important to establish health surveillance systems to monitor health needs. Experience confirms that at least three health surveillance systems are essential—family food status and nutrition surveillance, a child health information system and a disabilities monitoring system. Epidemiologists should be considered essential members of the health team.

Continual monitoring of the family food status and of children's nutritional status is important because food and nutritional needs in conflict situations tend to become increasingly fragile over time, and even slight disruptions can have devastating results. The example cited in the margin of the nutritional surveillance system established in Uganda confirms that simple, non-technical surveillance systems based on the work of minimally trained local people can be put in place even in difficult circumstances.

**Example**

In Uganda, in Karamoja during the early 1980s, when usual government health workers were no longer able or willing to remain in conflict areas, a nutrition surveillance and support system was established using local people. Although they had very little education, they were provided training in nutritional surveillance and primary health and, with supervision from local health authorities and mission hospital staff, successfully maintained continuous services throughout the war from 25 nutrition centres scattered throughout the affected area and monitored the nutritional needs of children in the region.

(Dodge and Alnwick nd.)

Existing health reporting systems are often disrupted in conflict situations and are inadequate for such circumstances. In conflict situations such systems must be extended to ensure coverage of at-risk groups, adapted to ensure coverage of conflict-related injuries and illnesses that would not be reported under normal reporting protocols and expanded if necessary to ensure that the critical needs of children are monitored.

The monitoring of the needs of persons with injuries causing disabilities is important, for experience confirms that their needs are often overlooked.

The purpose of assessments, monitoring and surveillance is twofold: to collect information about and to stimulate action for children who are vulnerable and at risk. Assessments and surveillance systems should be linked to policy and programme actions.

## Preventive actions

In times of armed conflict, assertive preventive actions are required to preserve children's health and nutrition. As stated throughout this book, the necessary preventive measures obviously depend upon situation-specific risks to children's health.

**Preventive immunization campaigns.** In conflict situations, particularly because of lowered nutritional states, increased exposure to other children and disruption of routine immunization programmes,

expanded preventive immunization programmes for preventable childhood diseases are critical for infants and young children. It is crucial to make every effort to ensure that children are immunized before a measles epidemic begins, for example; delay results in children's deaths. In Lebanon, to counter the decrease in immunization levels, the number of immunization outlets was increased from 150 to 350 and the number of collaborating organizations was increased to include all possible parties—the Government, NGOs, religious institutions and military organizations. In Nicaragua, immunization vaccination campaigns called "Immunization No Matter What" were mounted. National immunization campaigns during "days of tranquillity" should become standard in all conflict situations.

Routine ongoing local immunization efforts are also essential and should be an integral part of all health efforts. Creativity and persistence are required to ensure that when the health services are under stress children continue to receive the preventive immunizations upon which their lives and well-being depend.

**Preventive environmental health.** Because the single greatest killer of children is diarrhoea caused by contaminated water and food, preventive attention to provide safe water and sanitation is of the greatest importance. Extraordinary efforts are required to ensure that safe water, food and sanitation services are available, particularly to children who are displaced from their homes to such sites as urban slums, displaced persons camps, evacuation centres and refugee camps.

**Preventive health education.** Information provided to parents and children in response to the increased risks of injury and illness in conflict may be helpful in preventing such problems. This information may include the patterns of local illnesses and injuries to children and advice on preventive measures. Strengthening and redirecting school health programmes to address local health risks can be helpful. It is important to give special emphasis to illnesses and injuries that cause disabilities.

**Preventive health services.** It is important to ensure a continued public and private commitment to preventive health measures

In Southern Sudan in 1988 some 250,000 people, mostly women and children, died of starvation and disease brought on by conflict, displacement, disruption of family cropping, destruction of herds, looting of grains, heavy taxation and drought.

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A nutrition and mortality study in northern Uganda attributed 2 per cent of the deaths to violence, 20 per cent of the deaths to disease and 78 per cent of the deaths to hunger (Biellik 1980, 18).

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For the benefit of mothers and children in conflict-affected Afghanistan, the British Broadcast Corporation (BBC) ran a year-long radio programme on topics related to health education over its Pashto service.

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in times of conflict. Timely routine and emergency services often prevent the more serious illnesses and stop injuries from becoming permanent disabilities.

In Monrovia, Liberia, during the first six weeks of civil war, some 400 major and 600 minor surgical operations were performed. A critical shortage of supplies existed.

**Advocacy.** It is important to speak out for the protection of children against intentional injury. Such advocacy may include campaigns engendering public support, strengthening protective national health laws and strengthening institutional mechanisms to ensure the protection of children's health.

Preventive advocacy also includes working to protect and increase the national health budget in situations of armed conflict to ensure that health services are maintained, even expanded, as necessary.

In Sri Lanka during conflict, in the absence of trained government health workers, young girls were trained as local health volunteers.

**Target development assistance.** To counter the common problem of delayed intervention until children are severely malnourished, a preventive approach is needed to monitor family food needs and direct development assistance to the neediest families to help them maintain basic food security. Effective prevention of childhood malnutrition requires the identification of at-risk groups and flexible, proactive development programme strategies. Depending on the nature of the threats to food security, assistance may be required in supporting efforts to grow food, to increase purchasing power through employment, to provide income support, to intervene in the market to stabilize prices and to facilitate better distribution of available foods. A lack of purchasing power to buy food that could not be grown is most often the underlying factor in children's malnourishment.

Food stamps, government-issued coupons that can be redeemed for a minimum amount of basic staples, are used in Sri Lanka as a means of ensuring that the poorest families have access to essential food.

**Food availability.** Food must be locally available. In some conflict-related emergencies—particularly where conflict-affected areas face drought or flood, where slash-and-burn war tactics are employed and in all emergencies in which people are displaced from their homes—special efforts are required to make food available to prevent malnourishment of children. Innumerable examples exist of situations in which failure to ensure that food was available resulted in malnutrition (and death) for massive numbers of children. Ensuring that food is locally available may require market manipulations, overcoming transportation difficulties, even importation.

**Special awareness campaigns concerning disability.** While many of the preventive actions mentioned above also contribute to preventing disabilities, this goal requires special attention, programmes and ongoing campaigns to raise awareness of the disability of children and the actions required to prevent it. We must ask: What measures are required to prevent the disability of children? Parents and children at risk require information. Public support for the protection of children against disability is essential. Public and private services can be encouraged to include the protection of children from disability in their agendas for action.

**Preventive intervention for disability.** Children's loss of limbs, sight and physical and mental functions can never be prevented by awareness alone. Assertive protective actions are required. As with other problems, each situation has its peculiar risks for children, and situation-specific interventions are required. To prevent the disability of children from lack of adequate emergency medical care or physiotherapy, efforts are required to ensure that such services are available to children. Special nutritional interventions (such as supplying vitamin A to prevent night blindness) may be required to prevent disabilities of children due to nutritional deficiencies. Armament education programmes may be required to prevent disabling accidental injuries to children. Private lobbying and public advocacy may be required where military tactics, mines and armaments are being used purposefully against children and are causing disabilities.

**Example**

The United Nations' "Operation Salam" drew up a comprehensive programme for the prevention, early treatment and rehabilitation of disabled Afghans. Interventions included:

- Mine Awareness Programme to inform all Afghans, women and children in particular, of the dangers posed by mines and ordnance (a major cause of disabilities).
- Health education programmes to increase awareness of the importance of complete immunization; knowledge of proper nutrition, including the special significance of vitamin A and iodine; and proper home care of eye and ear infections.
- Stimulating early detection of conditions that can lead to disabilities.
- Strengthening medical services and referral systems for treatment.
- Increasing awareness of rehabilitation services.
- Developing national training programmes to increase the number of physical therapists and people who can build needed aids.
- Training community workers to help persons with disabilities such as blindness and mental illness.
- Mobilizing family support for disabled children.
- Providing training for teachers to better meet the special needs of persons with disabilities.
- Establishing vocational training programmes.
- Assisting in the creation of income-generating activities.
- Encouraging social integration.

(Operation Salam 1989)

## Emergency response

Clearly, it is essential to ensure that at the time of the incident, injured, ill, malnourished and disabled children receive needed emergency intervention. The goals of ensuring emergency medical treatment for the injured and ill, food for the malnourished and emergency services for the disabled are not easily achieved, because of innumerable obstacles. Meeting the emergency needs of children is dependent upon interveners' success in overcoming obstacles. Following are various strategies that are being adopted in conflict situations for injury and illness, nutritional and disability-causing emergencies.

**Strengthening of emergency medical services.** Health care systems—primary health care units, central hospitals, traditional practitioners—are not usually prepared for the demands of conflict situations. Existing health services must continue, and special emergency health needs make added demands on systems. Expanded specialized services—to treat traumatic injuries and burns; to prevent disabilities (reconstructive surgery, for example)—are often needed and require additional training, supplies, equipment and facilities.

Strengthening emergency services requires special staffing as well. Expanded health demands increase the number of health personnel needed. Training programmes may require acceleration and reorientation to meet the needs at hand. Special administrative actions are required to ensure that medical staff receive appropriate remuneration and support to allow them to continue their services, often in harsh circumstances. In Lebanon, allowances were paid to volunteers who provided key services.

**Decentralization of medical services.** Conflicts cause disruptions that commonly reduce the effectiveness of centralized health systems. They increase health needs local health workers must meet and impose circumstances that restrict family travel for treatment or referral. These changes often necessitate the decentralization and deinstitutionalization of health services. Health post and clinic personnel must therefore take on increased roles in all aspects of health care and must have the skills and support to carry out these

added responsibilities—added training, technical referral services, differing administrative support. Health professionals may need to be redistributed. During the war in Nicaragua, as a strategy to strengthen rural health needs, medical students were posted to rural areas as a part of their social service obligations.

Also, the need for community-based outreach services increases. Passive clinic approaches must therefore be redirected to become assertive in their efforts to identify children at risk and families in need.

**Village-based systems.** In many conflict situations, health services do not exist in remote geographic areas or have ceased functioning. It is often difficult to find trained health workers from other areas willing or able to serve in dangerous localities. Various countries circumvent this difficulty by the emergency recruitment and training of local persons in emergency health measures.

During the war in Afghanistan an informal emergency health system developed throughout the conflict areas, based on the training and supply of many persons in emergency medical procedures and primary health by humanitarian agencies providing cross-border services from Pakistan. In Guatemala in communities where there were no trained health workers, health promoters were trained in first aid and given a community first-aid kit containing basic medicines. Emergency relief services based on the first-aid training of villagers were also used in Mozambique.

**Example**

In response to the health crisis created for Palestinian children and other civilians during the *intifada*, the following extraordinary actions were taken to meet health needs:

- increased environmental health programme
- increased immunization efforts
- strengthened primary health care system
- additional medical personnel to extend clinic hours
- training of medical staff in emergency procedures
- increased surgical, X-ray and physiotherapy equipment
- additional ambulances
- provision of portable emergency kits
- upgraded hospital equipment
- increased paediatric units
- new physiotherapy clinics
- additional clinics
- increased health education efforts
- increased number of international medical teams
- increased medical supplies
- formation of community centres for disabled persons
- increased number of nutrition centres
- expanded midday meal programme to eligible older children
- expanded milk powder distribution programme
- expanded distribution of dry food rations to pregnant and nursing mothers

(UNRWA 1990)

**Medical teams and mobile clinics.** In many conflict situations the use of medical teams and mobile clinics is expanded to supplement or extend existing services.

**Foreign medical personnel.** In natural disasters and short-term emergencies the use of foreign medical personnel has proved to be a questionable, even disruptive, practice. Sometimes in conflict situations, however, foreign medical personnel, particularly if they have appropriate cross-cultural skills, speak the local language and continue to work in an area long enough to know the people and medical customs, can provide valued service in supporting local efforts. Foreign medical personnel, when their assistance is non-partisan and purely humanitarian, often are accorded an immunity that enables them to provide services in difficult circumstances. The assistance of the ICRC has in many conflicts proved to be particularly important in the provision of emergency health services. In addition, various international NGOs have developed emergency health programmes that provide invaluable support to local efforts.

In Uganda in 1985, at the height of the civil war, UNICEF secured permission from the warring parties and arranged the airlift shipment of more than 35,000 tons of drugs and vaccines to provinces cut off by the conflict. This initiative was accomplished with the collaboration of the Ministry of Health, various international humanitarian organizations and resident NGO hospital staff who oversaw the distribution of the supplies at the local level.

**Essential drugs/supplies.** In the face of increased demand and scarce resources, acquisition of essential drugs and supplies becomes difficult. Extraordinary action, including international assistance, is often required to secure essential drugs and supplies. In situations where essential drugs and supplies are not available or are out of the reach of the poorest people, several programmes have increased the use of traditional medicines.

**Monitoring family food security**. It can be said that where a nutritional emergency exists, the establishment of a family food security monitoring system is always essential. While national systems are needed, all parties play a role in helping to understand and convey to authorities facts about the availability of the food in the family cooking pot. Various techniques are being used to monitor food availability and food shortage indicators, but the most reliable is simple documentation of what children and their families eat and what they say about their food needs.

**Growth monitoring and health surveillance.** When nutritional emergencies erode the health of children, systematic growth

monitoring and health surveillance becomes very important. Existing efforts to monitor growth and child health must be expanded; efforts must be established where there are none. In many situations growth monitoring and health monitoring are linked to other services, such as food distribution programmes, to ensure that children in need are identified and provided special assistance.

**Self-sufficiency in food production.** The pre-eminent strategy in most conflict situations is to enhance self-sufficiency in food production to ensure that children and their families have access to food for survival. Encouraging home or communal gardens is one method used. In the Philippines and Sri Lanka, bio-intensive gardening was encouraged as a means of increasing nutritious food in the family cooking pot and providing families with extra income through the sale of surplus food. A family's ability to produce is often dependent upon the availability of seeds, tools and credit for which assistance in times of conflict is often required. Sometimes assistance is required to help needy families gain access to land on which to grow food.

**Employment generation and works projects.** In food shortage emergencies every effort should be made to ensure that families can acquire essential food in a way that preserves dignity, minimizes dependency and preserves minimal family investments and assets such as land and cattle. A common strategy used in many food shortage emergencies is the establishment of cash- or food-for-work programmes. All too often such programmes offer too little too late.

Although not related to conflict, India's experience in managing a severe drought that affected millions of people in the western part of the country from 1986 to 1988 provides one of the most important examples in recent decades of the fact that even when food cannot be grown, people's food needs can be met, animals can be kept in good health and people's assets can be preserved. While there are various aspects to the Indian famine prevention system, cash- or food-for-work programmes were essential components, for they assured the family's purchasing power.

**School feeding programmes.** In conflict situations, school feeding programmes are often expanded to ensure that children

In Guatemala, with the support of aid organizations, local groups of conflict-affected women and children are initiating a wide variety of activities to maintain health and food security.

For example, women are being trained as health promoters and traditional birth attendants. They participate in radio programmes on health. To generate income, they are involved in the establishment of tree nurseries, seed beds for coffee, demonstration plots of soy beans, poultry-breeding farms, pig-raising projects, the purchase of corn-grinding mills, acquisition of agricultural tools and establishment of a revolving fund for fertilizer.

Many family horticultural gardens have been established to improve nutrition, and through women promoters, efficiency stoves are being introduced to reduce the domestic workload and save fuel (UNICEF Guatemala).

receive at least one nutritious meal a day. Supplemental foods, such as high-protein foods, fruits and milk, are provided to children during the school day.

**Expanded food distribution.** Helping families to be food-sufficient is usually preferable to food distribution, but in all conflict situations relief commodities are necessary for those needy families that are unable to secure food for survival by any other means. Experience demonstrates that the usual food aid programmes must be expanded in conflict situations. In Beirut at the height of the conflict the family rations programme required expansion, and in Sri Lanka it was found necessary to expand the national food stamp system.

**Supplemental and therapeutic feeding services.** When inadequate preventive efforts fail to help parents preserve the health of children, special supplemental or therapeutic feeding services may be required. A first strategy to meet the emergency nutritional needs of children is to provide special food assistance to the family, the usual provider of children's food and care, so that parents can meet the special nutritional needs of malnourished children. In Ethiopia, "branch feeding centres" were established, in which communities themselves (rather than agency personnel) were responsible for the direct feeding of children (Jareg 1987, 16).

Another common strategy is the establishment of centres where special food is prepared and/or served to nutritionally at-risk children. Often parents are required to bring malnourished children to feeding centres several times a day. While in some situations this may be the most appropriate strategy, it bears mentioning that services organized in this manner may take mothers away from their families and other children at critical times and for extended periods.

Ideally, nutrition assistance must enhance the mother's ability to care for her ill child. Some supplemental feeding efforts have creatively attempted to provide more than food by making feeding centres a learning environment where mothers with malnourished children, under the supervision of centre personnel, prepare the special foods required themselves, where classes and family services are offered and where day care is made available to siblings while the mother attends to the ill child.

**Linking psychosocial and health needs.** In Mozambique, as in many countries, the Ministry of Health noted that many children who were treated at a paediatrics ward and returned to health required repeated readmissions and assistance. It was determined that the children's illnesses arose from the state of misery of the family. This example highlights the need to strive to understand and to respond to the family context of the children in relation to their health and nutrition. Responding to children's health and nutritional needs is not just a food or medical issue. In Ethiopia, in response to an observation that some mothers in feeding centres gave malnourished children little personal warmth or stimulation, special efforts were taken, with reported good results, to teach and encourage mothers to play with and stimulate children as part of a programme that provided supplemental food assistance in famine conditions (Jareg 1987, 7).

In Ethiopia "the close relationship between nutrition and child-mother ties was observed on several occasions. In some cases efforts to strengthen such relationships can be almost as important as the provision of food when rehabilitating children and preventing further episodes of malnutrition" (Jareg 1987, 7).

## Preparedness

Preparedness efforts are required to ensure that emergency response measures that address nutritional or health needs are timely, appropriate and effective. It is important that those who are involved in the emergency response are trained and prepared, that supplies and equipment required are on hand and that supporting organizational systems are in place. Some examples of preparedness strategies being used for health and nutritional interventions follow.

**Conduct health surveillance.** Health surveillance systems are essential and in times of emergency must be modified and strengthened to address the health risks specific to children's needs in situations of armed conflict. As stated previously, at least three health surveillance systems are required in situations of armed conflict: family food status and nutritional surveillance, a child health information system and a disabilities monitoring system. As a preparedness measure, surveillance systems are only effective if linked to preventive and emergency response programme actions.

**Mobilize community action.** First aid for ill and injured children is likely to be provided first by family members. It is

important to ensure that families are aware of health risks and to encourage them to take preparedness measures that may help them meet health emergencies for children within the family and community. It is also important to encourage communities to implement emergency preparedness actions. Village-based first-aid courses are organized in many conflict areas. Disaster preparedness training is provided in many Philippine villages.

**Provide training.** Because health needs in situations of armed conflict may differ in important ways from those of non-conflict situations and because the health services systems may be substantially altered, health training specific to the needs of children in situations of armed conflict is essential as a preparedness measure. Training should be provided to increase the number of people to assist with medical emergencies and to prepare these people to meet the types of emergency needs they are most likely to encounter. Training will be effective only if it enhances the skills of people who will be on site, rather than the people who should be.

Health professionals may benefit from training in preventive, curative and restorative measures for conflict-related injuries, illnesses and disabilities. In addition and in anticipation of the usual need to decentralize emergency health services and to build up local emergency medical capabilities, it is essential that local community resource persons be trained to ensure that at least a minimum level of life-saving emergency health services are available to children everywhere.

**Maintain sufficient stocks of supplies and equipment.** Conflict situations increase the need for preventive, curative and restorative health supplies and equipment. Not only are more supplies and equipment needed for use in treatment, additional supplies and equipment are often required to replace those destroyed or stolen. These real needs can be anticipated and prepared for.

It is important to maintain national stocks of emergency health supplies and equipment. It is equally important that a minimum of essential supplies be stored at village clinics and local health centres. To this end, in various conflict situations village first-aid kits and school first-aid kits have been assembled and distributed.

**Strengthen emergency health care policies and systems.** Preparedness in providing effective emergency health services to children includes strengthening emergency health care policies and systems to ensure that they are appropriate and effective. Such preparedness actions may include establishing new medical protocols, new administrative procedures to ensure quick action and new guidelines for the support of staff. These preparedness actions may include establishing new working relationships with other agencies that can assist in providing emergency services, and they will always include the strengthening of inter-agency coordination mechanisms.

**Prepare evacuation sites.** The high risk to life for young children who are displaced from their homes can be countered by attempting to find alternatives to large evacuation camps. Displacement to the homes of family members and friends is much safer and more desirable, if such an option exists. But if mass evacuation to camps, centres or bunkers is necessary, adequate preparation of evacuation sites for children is essential—including providing safe water, adequate sanitation systems and emergency medical supplies. The water and sanitation systems at schools, which may be used as evacuation sites, can be upgraded as a preparatory measure.

**Strengthen referral capabilities and systems.** It is important to increase the ability of local health agencies to bring specialized services to injured, ill or malnourished children. Linkages between health care components may require strengthening. For example, ambulances and vehicles to move injured persons may be needed. Regular visits by specialized health practitioners to health services in conflict areas may be required.

## Rehabilitation and recovery

Corresponding to the many types of injuries and illnesses suffered by children in situations of armed conflict, varied rehabilitation and recovery measures may be required. In general, however, it is useful to consider, firstly, the strategies required to enhance the rehabilitation and recovery of children who have been injured, who

are ill or malnourished, or who have a disability, and, secondly, measures that enhance the rehabilitation and recovery of the health system. Following are several examples of key strategies.

**Mobilization of local action.** Rehabilitation and recovery is often dependent upon community mobilization both for the support of needy families and for the restoration of damaged services. Follow-up and social services support to families with ill, injured, malnourished and disabled children is often important in enhancing rehabilitation and recovery. After the Nigerian civil war, social workers systematically visited families in which there were malnourished children and provided financial and other social services support to needy families. As another example, family and community support groups for children with disabilities are often helpful.

**Rehabilitation for disabilities.** In every conflict situation in which children are injured, there is an increased need for rehabilitation therapy, prosthetic construction and occupational therapy. Physiotherapy is an essential rehabilitation service, for it helps children retain or regain capabilities after injury and, very importantly, can prevent permanent disability. Prosthetic construction and maintenance enables children who have lost the use of limbs to regain physical functions. Occupational therapy assists in providing disabled persons with skills that enable them to participate as equal members of society.

Most disabled children do not have the benefit of professional, urban-based services for physical therapy, prosthetic construction or occupational therapy. Family-based and village-based rehabilitative services are, therefore, essential, and in many places parents, clinic staff, carpenters, tinsmiths and leatherworkers are providing these services for disabled children (Werner 1987, 3 & 404). Their efforts can be supported and enhanced through information and training. As advocated in resources such as *Disabled Village Children: A guide for community health workers, rehabilitation workers, and families* (Werner 1987), disabled children should be integrated into the community rather than separated from it and encouraged and empowered by family and local resource persons creatively addressing their needs.

**Restoration of safe water and sanitation systems.** Because of the importance of safe water and sanitation to health, wherever personal and institutional water sources and sanitation systems have been damaged or are inadequate, rehabilitation of these life-line services is essential. Restoration of safe water supply and sanitation services is often required where homes, schools and clinics have been destroyed; where village or municipal services have been damaged or are proving inadequate; and wherever people have resettled, particularly in the poorest sections of cities and towns.

**Repair and refurnishing of health facilities.** Just as the recovery of children's health cannot be delayed, it is seldom desirable to postpone rehabilitation or recovery of damaged health services. Rehabilitation and recovery are not activities to be delayed until the conflict has ended; many conflicts continue for years, and health services are needed most during the difficult times. Consequently, any damage or disruption to basic health services for civilians, particularly for children, is best addressed through concerted efforts to restore those services as soon as possible. In recent years during fighting in Lebanon, damaged clinics were repaired and rebuilt repeatedly.

It merits mentioning, however, that while the restoration of damaged health facilities is important, "bricks and mortar" are secondary in importance to the rehabilitative and recovery services provided within facilities. When funds are scarce and children are in need of recovery services, the allocation of resources deserves careful scrutiny to weigh the potential benefits of using existing resources for "bricks and mortar" rather than child and family services. Many essential health rehabilitative services are not dependent upon nice buildings.

## Principles to Guide Action

1. Consider the protection of children's health a paramount concern, without regard to ethnicity, race, religion, political or military affiliation of the children's families.

2. Actively advocate for "children as a zone of peace", encouraging whatever actions are necessary to ensure the health and well-being of children.

3. Ensure that the cause and extent of children's injuries, illnesses, nutrition state, and disabilities are continually monitored and that vulnerable children are identified in order to initiate protective actions on their behalf.

4. Give priority to *preventing* injury and illness, malnutrition and disability.

5. Give priority to efforts that strengthen families' capabilities to protect the health and well-being of their children and return them to health.

6. Encourage community mobilization on behalf of children's well-being, and support and enhance the capabilities of conflict-affected communities to implement and sustain preventive measures, preparedness and emergency response actions, and rehabilitative and recovery programmes concerning children's health.

7. For public services, ensure that health-related readiness measures are in place for emergency situations, that an effective emergency response system is operative and that rehabilitation and recovery measures are planned for and implemented.

8. Support the development of inter-agency emergency coordination and decision-making systems at the community, regional and national levels designed to bring about priority action to address threats to health.

9. Give special attention to the health needs of children among displaced families and of children with disabilities.

10. Ensure that adequate supplies and equipment are available at the local and national levels and that budgets for social services and health care are protected and increased as necessary.

11. Ensure that appropriate special services are made available to severely injured, ill, malnourished or disabled children who require such assistance. Strengthen referral systems.

12. Use and strengthen existing systems to the greatest extent possible, but expand, innovate and adapt as needed to ensure that essential services are effectively provided and timely.

# Torture, Abuse, Imprisonment, Recruitment

*In situations of armed conflict, concerted action can prevent or reduce the torture, physical and sexual abuse, arbitrary imprisonment, abduction, recruitment and use in military operations of children.*

Abuse of children is one of the most abhorrent violations of humanity. Yet experience confirms that without continuing protective efforts, children are frequently preyed upon and grossly abused in situations of armed conflict—they are tortured, physically and sexually abused, arbitrarily detained, denied due process, abducted and used in military operations.

From a humanitarian perspective such abuse of children is never justifiable, not for military necessity, national security or ideology. It is an outrage to the conscience of humankind. International consensus against abuse is codified in international law.

Because of the possibility of such abuses, special efforts are required to protect children in situations of armed conflict. To this end, humanitarian action must strive to ensure *that civilians, particularly children, are not tortured, physically or sexually abused, abducted, arbitrarily detained, abused in detention or used or permitted to participate in conflict.* It must assure *that children who have been victims of torture, abuse or detention, or who have been child soldiers, are provided assistance that will to the extent possible assure recovery of health and well-being.*

This chapter provides information about the abuse of children in situations of armed conflict and strategies being taken to prevent these abuses and to assist those who have been abused.

## Facts

There is a long history of abuse of children in times of conflict, but evidence suggests that in current conflicts abuse is being perpetrated against children to an unprecedented degree. In Mozambique, for

example, where tens of thousands of children experienced heinous abuses during the 1980s, "elders who recall the tales of their fathers and grandfathers have no recollection of children being used in battle in the anti-colonial wars that took place around the turn of the century and afterwards", nor is there a tradition of organized child violence (Christie 1987, 4). Even in Mozambique's war of independence in the 1960s and 1970s, children were not known to have been used in the conflict. Why, then, are they being used in the 1980s and 1990s?

**Torture and abuse.** Children are forced to participate in killing and mutilation; beaten and left vomiting blood; sexually abused and raped; electrically shocked on many parts of the body; beaten to purposefully inflict severe pain; bruised and injured; hit so as to break bones and injure internal organs; partially suffocated with plastic bags, tubing or water; suspended by chains from the ceiling; poisoned; forced to hear the screams of tortured parents; intimidated and humiliated; forced to eat excreta; continually beaten while being interrogated; deprived of food and sleep; left alone hooded. As documented by such monitoring groups as Amnesty International, these are but a few of the many ways children are being tortured. Sometimes, extreme torture is followed by secret executions or extrajudicial killing.

In Mozambique small children, even though defenseless, not old enough to run or escape, were thrown into fire, into hot ashes, into boiling water.

Torture and ill treatment of prisoners has been reported in more than 90 countries. Nowhere are children more at risk of such abuses than in conflict-affected communities.

In El Salvador young soldiers were taught that women and children are the seed of the guerrillas and need to be destroyed. Any reluctance to participate in that destruction was to invite abuse from superiors.

> Today's torturer may use the most crude and brutal physical violence, the subtlest insights of psychology and the highest refinements of medical technology. For, torture employs some of the best of human experience and achievement for the most inhuman purposes: to destroy the person while leaving the body alive; to disable functioning groups and social movements by rendering their members and leaders incapable of cooperation and purposeful action. (Hosking 1990, 1)

Children are tortured as collective punishment. They are tortured to extract information about peers, neighbours and family members. They are tortured because of suspected activities and to

force confessions. They are tortured as punishment to parents and to force parents to speak. They are tortured to be intimidated to act in certain ways. Sometimes children are tortured for personal spite or entertainment.

**Detention and abuse in detention.** The unjust detention and abuse of children in detention is not an inherent characteristic of armed conflict. In many conflicts warring parties, despite the exigencies of war, take special efforts to minimize harm to children. In some situations, however, children are detained and imprisoned. In the most pernicious situations detention and imprisonment of children is adopted as a strategy of abuse. In addition to detention, children often experience brutal abuse by the people detaining them, a fact substantiated by voluminous documentation in the 1980s.

> Lori . . . , age 3, detained, now "disappeared"; Jose . . . , age 13, detained, now "disappeared"; Nabil . . . , age 14, repeatedly beaten, punched in the face, legs slammed in metal door, beaten on the genitals, head banged against a wall; "One boy was beaten so badly his eye came out"; Zidan . . . , age 14, ". . . they used different ways to try and make me confess. Once they strangled me until I nearly died. Each session lasted between a half an hour and an hour, and there were usually two secret policemen. They always beat me, usually on my stomach and thighs. Twice they put something on my genitals which made my whole body shake. I was always handcuffed. When we went outside it was always the army who beat us. They also poured icy water down our backs every hour or two"; Sandra . . . , age 7, detained, found raped and throat slit; Luz . . . , age 15, detained, tortured and released; Haydee . . . , age 6, detained, tortured then killed; (male), age 11, held for two months without charge, front teeth knocked out by police; Gnanaguru . . . , age 13, last seen being taken into custody; Boris . . . , age 14, detained, disappeared.

Amnesty International reports that between 1984 and 1986 some 11,000 children were detained without trial in South Africa (Amnesty International nd., 1). In the same period, 173,000 children were held in police cells reportedly to await trial, some 312 children were killed and 1,000 wounded (Save the Children [UK] 1990, 1). Between June 1986 and June 1989 an additional 9,800 children were detained (Amnesty International 1989).

Often the conditions under which children must survive while in detention are deplorable and inhumane—no heat, inadequate food, insufficient beds, lice-ridden blankets, inadequate sanitation privileges and no exercise. Some children are kept in solitary

confinement for long periods. Physical abuse is common. Injuries, including broken bones, broken hands, damaged eardrums, bruises and, most substantially, deep emotional trauma, are suffered from torture and interrogation.

In almost every case of the detention of children, even the most fundamental principles of due process are violated. Arrest, detention and sentencing are often results of extrajudicial processes, accomplished by police and military systems in which no civil protections exist. The arrests are often arbitrary, and children suffer extraordinary abuse at the hands of those who arrest them. Children are commonly detained without charge or on false charges. Brutal means are often used to force confessions. The children are interrogated without the presence of a parent, guardian or lawyer and are often brutally treated in the process. They are often detained for extended periods, and if the cases are brought before judges or tribunals, there is often a gross breach or absence of any semblance of justice. Children are often kept with adult prisoners from whom they may suffer further abuse. Parents are commonly denied visitation rights and are often not informed of children's whereabouts.

The reasons for the arrest and detention of children in situations of armed conflict are rarely the actions of the children. Sometimes detention is used as a means of intimidating parents or as a form of retaliation for the activities or suspected activities of family members. In some places children are detained as part of a collective punishment of communities. Many children are detained and abused just because they are members of a particular ethnic group or because they were involved in some harmless activity deemed undesirable by authorities. Often children are detained and abused simply on the grounds of suspicion.

Another category of children who suffer as the result of detention are children whose parents have been detained. In some cases they are left without family care. In all cases detention of parents causes severe difficulties. In Argentina, children of detained parents were sometimes abducted, their names changed, then adopted, sometimes even into the homes of police officials believed to have been responsible for the death of the parents. In the Philippines, studies of children of detained parents revealed that major difficulties children faced included emotional distress due to sudden, involuntary and long-term separation from a parent; severe

disruptions in family functioning, role patterns and location; increased impoverishment; difficulties caused by subhuman conditions in detention centres; difficulties dealing with parents; emotional distress arising from government military authorities' refusal to help families locate and secure the release of members; and difficulties explaining to others reasons for the arrests and detention (Protacio-Marcelino 1989).

**Child soldiers.** Radda Barnen reports that children under 16 years of age have been used for combat service recently by at least 25 countries and guerrilla movements (Hammarberg 1989). In 1988 the number of child combatants worldwide was estimated to be as high as 200,000 (*Quaker United Nations Office Newsletter* 1988, 1). The practice of using children in combat has been a continuing and possibly increasing threat within the last decade or so.

Experience confirms that children are recruited as combatants for many reasons. Tellingly, the recruitment of children most frequently occurs when combatant forces have difficulty conscripting or retaining adults. Children, by merit of their youth, idealism and vulnerability, can be more easily impressed into service and more easily controlled, and have been repeatedly described as ruthless in the execution of their duties once inducted and trained.

Often children are recruited through abduction in massive sweeps of homes, schools and streets. In some situations child survivors of village raids and massacres are forcibly inducted.

Certainly, not all inductions of children are forced. Young people often want to participate to prove themselves and please adults. They may be old enough to understand the underlying causes of the conflict, may themselves be victims or have family members who were and may be eager to join adults in a revered cause. Children's involvement in conflict is closely related to the indoctrination, training, social engineering and religious sanctions manipulated by adult society.

Also, it is not uncommon, particularly in the absence of adequate social services, that during situations of armed conflict children in great need, separated from family and without means of support, attach themselves voluntarily to combatant groups as a means of survival. Some children reportedly become combatants because they are assured of food; some for the promise of employment; some for revenge; some for prestige.

In Ethiopia between 1987 and 1991, thousands of under-aged boys were taken in sweeps of public places and without notification of parents and were provided little training before being deployed directly to the fighting front (Woods 1991, 9).

In Mozambique, the National Resistance Movement (RENAMO) reportedly brutally treated, even mutilated and abducted children, then taught them to show no fear or sympathy and forced them to kill other children, kill their own parents and commit many atrocities.

In the civil war in Lebanon young boys have been active participants in the full range of war activities, including bombings and suicide missions.

It is estimated, on the basis of information presented to the UN Human Rights Commission, that more than half a million Iranian boys between the ages of 12 and 18 participated in the Iran-Iraq war, and tens of thousands lost their lives. Much has been written about their reportedly being given little training and being used for such purposes as human mine detectors.

Young boys have been recruited and used by rebel groups in the conflict in Sri Lanka (Woods 1990a, 1).

Boys as young as 9 have been fighting with the *mujahidin* of Afghanistan. Fathers often take boys with them to the front (Woods 1990b, 1).

Reports have continued in recent years of the abduction of Cambodian children by rebel groups to force them to be porters, couriers or perform other war duties.

Child combatants are used to support conflict in many ways. Obviously the most harmful ways involve training for and participating in destruction, killing, mutilation, torture and other atrocities. Over past decades and innumerable wars, few abuses of children in war have been greater than the recent conflicts in which children were trained and performed as torturers and killers, were sent into combat with little training or arms to die by the thousands and were forced to destroy their own families, mutilate civilians and kill other children.

In some situations child combatants are restricted to non-combat roles and work as cooks, cleaners, messengers and porters, and in the repair of equipment. They may assist with political, ceremonial and welfare tasks. In Eritrea, most of the child combatants under 15 years of age were involved in training, food production or repairs. In Uganda, many child combatants cooked and cleaned, carried messages and served as personal aides to officers. In Liberia, boys carried the guns of soldiers (Woods 1991, 3). While certainly less harmful than participating in the violence of war, playing non-combat roles still robs children of much of their youth.

In consideration of the use and abuse of children in situations of conflict, the training and militarization of the young also deserves careful consideration. The military training and indoctrination of children influences the nature of peace and of war. It is often the most repressive regimes that give greatest emphasis to the paramilitary and military training of children. In some situations, the training alone violates basic moral codes and human rights and constitutes cruel and unusual treatment—being tortured, abused or forced to kill are examples.

International law recognizes an absolute ban on the recruitment or use of children under 15 years of age in armed forces. The use of youth between the ages of 15 and 18 in war efforts is sometimes contested. Some argue that children have a right to participate in war efforts, particularly when they are being injured, starved, separated from their families and killed. The use of children in war is sometimes justified on ideological or religious grounds. The issue is debated with regard to different cultural and legal conceptions of when youth are granted or denied the right to participate in certain activities reserved for adults, such as war.

These arguments are countered, however, by the more fundamental concern and consensus that ultimately it is not in the interests of young people to participate in war activities. This position is rooted in a humanitarian respect for the vulnerability of youth and recognition of the life-threatening and life-altering consequences of participation in conflict. The same developmental considerations that serve as a basis for establishing standards of guardianship and for limits placed on children's civic, legal and political rights constitute even greater justification for their being prevented from participating in conflict. The consensus of people around the globe is that children, by merit of their youth, inexperience and vulnerability, should be protected from participation in war.

In Peru both the army and the guerrillas reportedly continue to raid villages and carry away recruits, including children, by force (Woods 1990b, 2).

**Abduction and slavery.** It also deserves mention that even in the 1990s the practice of abduction of children by government and non-governmental forces continues in conflict-torn countries. In a few places, such as southern Sudan and southern Africa, children in situations of armed conflict are reportedly still being taken and sold as slaves, often in the form of indentured servants.

In El Salvador, when the government reportedly pressed minors into military service, the guerrillas felt justified in following suit.

## Common problems in addressing these concerns

Addressing the torture, arbitrary and unjust detention, physical and sexual abuse, abduction and slavery of children in situations of armed conflict and the participation of children as combatants poses many difficulties. The greatest obstacles arise from the twisted opinion of individuals that such abuse is ever acceptable. The most significant limitations to corrective action, however, have been inadequate public, private, national and international objection to the abuse of children and inadequate efforts to find constructive ways by which they can be protected and assisted when abused.

Beginning in 1984, thousands of young Afghan children were taken, often forcibly or under threat, from conflict areas to the Soviet Union for study. At least some of the children were given extensive military training and returned to Afghanistan to participate in various types of combat duties.

The existence of the problem is often hidden. Because torture, abuse and unjust detention of children are such public outrages, attempts are always made to conceal them—uniforms are removed; faces are covered; injury is inflicted in ways that leave few visible scars; paramilitary organizations are used to hide official actions; when reported, the cause of injuries is falsified by the abusers; and the lives of victims and witnesses are commonly threatened if they

In Mozambique as many as 10,000 children were abducted from their families and villages.

report or plead their cases. The torture, abuse and detention of children is generally carried out in a shroud of official and public silence imposed by decree, threat and fear. It takes place hidden from public scrutiny in concealed camps, prisons, detention centres, military installations and police stations.

A great difficulty arises from the fact that often there are no effective systems for investigation and redress. Too often the torture, arbitrary detention and abuse of children is perpetrated by the very civic systems that society depends upon for justice and protection. When reported, torture and abuse are often denied by authorities, justified, excused as necessary or brushed aside as merely acts of undisciplined personnel. But evidence suggests that in countries where the torture, abuse and unjust detention of children occurs, it is commonly a part of the official system and abuses are often perpetrated by persons on the public payroll—police officers, military personnel, intelligence officers and detention centre staff. Wherever the torture and abuse of children is occurring, it is common to find that the individuals and organizations involved act with impunity while protected by a masquerade of public inquiry, due process, law and justice. Under such systems, even when the facts are substantiated, the parties involved are not prosecuted.

By merit of their social legitimacy and mandate, government services have a special responsibility to protect children and to refrain from abusing them. Governments are not the only source of abuse of children in situations of armed conflict, however. Innumerable examples exist of the abuse of children by rebel groups, guerrilla movements and privately organized vigilante groups, in Cambodia, El Salvador, Liberia, Peru, the Philippines, South Africa, Sri Lanka and Mozambique, to mention but a few countries where rebel groups are know to have abused children.

Commonly, the persons and organizations who attempt to investigate and stop such abuse, even those who attempt to meet the needs of children and families who have been victims, do so at great risk to their own lives or programmes. In recent years many concerned persons involved in human rights advocacy, in relief and development work and in religious organizations have been killed, threatened or forced to flee. Where torture is employed, fear is pervasive.

There is often a lack of services for abuse victims. In Argentina, Chile and Paraguay during times when torture was being committed, the lives of mental health workers who offered assistance were threatened. Even where services do exist, there continues to be considerable uncertainty as to the most effective means of facilitating healing. A related problem arises from the fact that if services exist they tend to offer only short-term intervention. Since torture can result in permanent disability, sustained services are often necessary.

The possible exploitation of abuse victims also deserves mention as a matter of concern. Sometimes those who are lobbying for the protection of child victims use them for their own interests—mass media stories, political agendas, agency publicity, academic research, even fund-raising—in ways that may not be helpful or contribute to the dignity or well-being of the victims themselves.

Protecting children from participation in armed conflict is often made difficult by the combatant parties' assumptions that the use of children as combatants is acceptable or justified. Protection of children is also limited in the absence of protective national and military legislation, appropriate social services for children in need and alternative non-combatant and socially positive means through which the interest and energies of youth can be directed during times of conflict. The recovery of child combatants to age-appropriate social and educational functioning is believed possible, but child combatants are often triply handicapped—by their removal from their families with the resultant lack of normal family nurturing, by acquiring distorted values and suffering traumatic experiences as combatants, and from missed social life experiences such as schooling.

## International law

International law principles condemn the torture and abuse of children and provide minimum standards for their protection and treatment in detention. International law also prohibits their recruitment and their enslavement.

**Humanitarian law—torture and abuse.** The torture of children and adults is strongly condemned in international law. In wartime as in peacetime, torture and abuse of individuals violates civilized behaviour. Selected key articles from various international agree-

ments that define the prohibition against torture are reproduced in Table 12. The Declaration on the Protection of All Persons Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, adopted by the United Nations in 1975, is reproduced in Table 14.

Table 12
**Selected Key Articles in International Law on Torture and Abuse**

*"No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment."*
—Article 5, Universal Declaration of Human Rights

*"No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation."*
—Article 7, International Covenant on Civil and Political Rights

*"No child shall be subject to torture or other cruel, inhuman or degrading treatment or punishment."*
—Article 37 (a), UN Convention on the Rights of the Child

*"The following acts are and shall remain prohibited at any time and in any place whatsoever, whether committed by civilian or by military agents:*

*(a) violence to the life, health and physical or mental well-being of persons, in particular: (i) murder; (ii) torture of all kinds, whether physical or mental; (iii) corporal punishment; and (iv) mutilation;*
*(b) outrages upon personal dignity, in particular humiliating and degrading treatment, enforced prostitution and any form of indecent assault;*
*(c) the taking of hostages;*
*(d) collective punishments; and*
*(e) threats to commit any of the foregoing acts."*
—Article 75, paragraph 2, Protocol I to the Geneva Conventions

*"... genocide, whether committed in time of peace or in time of war, is a crime under international law..."* [Article I] *"Genocide means any of the following acts committed with intent to destroy, in whole or in part, a national, ethnic, racial or religious group, as such:*

*(a) Killing members of the group;*
*(b) Causing serious bodily or mental harm to members of the group;*
*(c) Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part;*
*(d) Imposing measures intended to prevent births within the group;*
*(e) Forcibly transferring children of the group to another group."*
—Article II, Convention on the Prevention and Punishment of the Crime of Genocide

**International law—detention and imprisonment.** Minimum standards for the detention and treatment of persons who are detained are defined in various international agreements. Table 13 lists selected key principles.

Table 13
**Selected Key Articles in International Law Concerning Detention and Imprisonment**

*"No one shall be subjected to arbitrary arrest, detention or exile."*
—Article 9, Universal Declaration of Human Rights

*"Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights and obligations and of any criminal charge against him."*
—Article 10, Universal Declaration of Human Rights

*"1. Everyone charged with a penal offence has the right to be presumed innocent until proved guilty according to law in a public trial at which he has had all the guarantees necessary for his defence."*
—Article 11, paragraph 1, Universal Declaration of Human Rights

*"No sentence may be passed and no penalty may be executed on a person found guilty of a penal offence related to the armed conflict except pursuant to a conviction pronounced by an impartial and regular judicial procedure, which include the following:*
*"(a) the procedure shall provide for an accused to be informed without delay of the particulars of the offence alleged against him and shall afford the accused before and during his trial all necessary rights and means of defence;*
*"(b) no one shall be convicted of an offence except on the basis of individual penal responsibility;*
*"(c) no one shall be accused or convicted of a criminal offence on account of any act or omission which did not constitute a criminal offence under the national or international law to which he was subject at the time when it was committed;*
*"If arrested, detained or interned for reasons related to the armed conflict, children shall be held in quarters separate from the quarters of adults, except where families are accommodated as family units."*
—Article 77 (4), Protocol I to Geneva Conventions

*"The death penalty for an offence related to the armed conflict shall not be executed on persons who had not attained the age of eighteen years at the time the offence was committed."*
—Article 77 (5), Protocol I to Geneva Conventions

*"(1) Women shall be the object of special respect and shall be protected in particular against rape, forced prostitution and any other form of indecent assault."*
—Article 76, Protocol I to Geneva Conventions

Table 14

**Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment**

*Adopted by the General Assembly of the United Nations on 9 December 1975*

**Article 1.** *1. For the purpose of this Declaration, torture means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted by or at the instigation of a public official on a person for such purposes as obtaining from him or a third person information or confession, punishing him for an act he has committed or is suspected of having committed, or intimidating him or other persons. It does not include pain or suffering arising only from, inherent in or incidental to, lawful sanctions to the extent consistent with the Standard Minimum Rules for the Treatment of Prisoners.*

*2. Torture constitutes an aggravated and deliberate form of cruel, inhuman or degrading treatment or punishment.*

**Article 2.** *Any act of torture or other cruel, inhuman or degrading treatment or punishment is an offence to human dignity and shall be condemned as a denial of the purposes of the Charter of the United Nations and as a violation of the human rights and fundamental freedoms proclaimed in the Universal Declaration of Human Rights.*

**Article 3.** *No State may permit or tolerate torture or other cruel, inhuman or degrading treatment or punishment. Exceptional circumstances such as a state of war or a threat of war, international political instability or any other public emergency may not be invoked as a justification of torture or other cruel, inhuman or degrading treatment or punishment.*

**Article 4.** *Each State shall, in accordance with the provision of this Declaration, take effective measures to prevent torture and other cruel, inhuman or degrading treatment or punishment from being practiced within its jurisdiction.*

**Article 5.** *The training of law enforcement personnel and of other public officials who may be responsible for persons deprived of their liberty shall ensure that full account is taken of the prohibition against torture and other cruel, inhuman or degrading treatment or punishment. This prohibition shall also, where appropriate, be included in such*

[continued]

*general rules or instruction as are issued in regard to the duties and functions of anyone who may be involved in the custody or treatment of such persons.*

**Article 6.** *Each State shall keep under systematic review interrogation methods and practices as well as arrangements for the custody and treatment of persons deprived of their liberty in its territory, with a view to preventing any cases of torture or other cruel, inhuman or degrading treatment or punishment.*

**Article 7.** *Each State shall ensure that all acts of torture as defined in article 1 are offences under its criminal law. The same shall apply in regard to acts which constitute participation in, complicity in, incitement to or an attempt to commit torture.*

**Article 8.** *Any person who alleges that he has been subjected to torture or other cruel, inhuman or degrading treatment or punishment by or at the instigation of a public official shall have the right to complain to, and to have his case impartially examined by, the competent authorities of the State concerned.*

**Article 9.** *Wherever there is reasonable ground to believe that an act of torture as defined in article 1 has been committed, the competent authorities of the State concerned shall promptly proceed to an impartial investigation even if there has been no formal complaint.*

**Article 10.** *If an investigation under article 8 or article 9 establishes that an act of torture as defined in article 1 appears to have been committed, criminal proceedings shall be instituted against the alleged offender or offenders in accordance with national law. If an allegation of other forms of cruel, inhuman or degrading treatment or punishment is considered to be well founded, the alleged offender or offenders shall be subject to criminal, disciplinary or other appropriate proceedings.*

**Article 11.** *Where it is proved that an act of torture or other cruel, inhuman or degrading treatment or punishment has been committed by or at the instigation of a public official, the victim shall be afforded redress and compensation in accordance with national law.*

**Article 12.** *Any statement which is established to have been made as a result of torture or other cruel, inhuman or degrading treatment or punishment may not be invoked as evidence against the person concerned or against any other person in any proceedings.*

**International law—recruitment and conscription.** Principles against the use of children as combatants in armed conflicts are well established in international law. Such principles are reflected in Table 15.

Table 15
**Selected Key Articles in International Law Concerning Recruitment and Conscription**

*"The Parties to the conflict shall take all feasible measures in order that children who have not attained the age of 15 years do not take a direct part in hostilities and, in particular, they shall refrain from recruiting them into their armed forces."*
—Article 77 (2), Protocol I to the Geneva Conventions

*". . . children who have not attained the age of fifteen years shall neither be recruited in the armed forces or groups nor allowed to take part in hostilities."*
—Article 4 (c), Protocol II to the Geneva Conventions

*"If, in exceptional cases, . . . children who have not attained the age of fifteen years take a direct part in hostilities and fall into the power of an adverse Party, they shall continue to benefit from the special protection . . . , whether or not they are prisoners of war."*
—Article 77 (3), Protocol I to the Geneva Conventions

*"2. States Parties shall take all feasible measures to ensure that persons who have not attained the age of 15 years do not take a direct part in hostilities.*

*"3. States Parties shall refrain from recruiting any person who has not attained the age of 15 years into their armed forces. In recruiting among those persons who have attained the age of 15 years but who have not attained the age of 18 years, States Parties shall endeavour to give priority to those who are oldest."*
—Article 38, UN Convention on the Rights of the Child

(As reflected in the drafting debates for the UN Convention on the Rights of the Child, although not yet prohibited, there is widespread international agreement against the recruitment or participation of 15-, 16- and 17-year-old youths in conflict. Most nation-states preclude the recruitment of youth before the age of legal majority, most commonly 18 years of age. African heads of state confirmed their commitment to this limit in the African Charter on the Rights and Welfare of the Child.)

Table 16
**Selected Key Article in International Law Concerning Slavery**

International law also condemns slavery in any of its forms.
*"No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms."*
—Article 3, Universal Declaration of Human Rights

## Programme Strategies

Despite formidable obstacles, experience confirms that positive actions can be taken to protect children from abuse. It would be grossly wrong to believe that abuse of children is happening everywhere. Many governments, rebel groups and resistance movements do take the higher moral ground against such abuses as torture, unjust detention and recruitment of children (and experience repeatedly reconfirms that it is in their own best interests to do so and to their own worst interests not to do so). From an intervention perspective, individuals and groups in virtually every situation of armed conflict, often at risk to their own lives, continue to work on behalf of children who are at risk of abuse and children who have been victims. Their efforts demonstrate both that constructive actions can be taken and that a more concerted effort is needed. On the basis of a review of current efforts, the following positive programme strategies are proposed.

### Know the facts

Systems for monitoring and reporting on the occurrence of torture, sexual and physical abuse, unjust detention, abuse in detention, slavery and on the incidence of child combatants have proved to be of critical importance. The abuse of children is always a sensitive issue, but in the interest of children's well-being, it cannot be overlooked or remain unchallenged. Churches, victim support groups, child advocacy organizations, coalitions of organizations, human rights organizations and legal defense groups continue to make significant contributions in this regard. By the nature of the task, the more extensive the public and institutional monitoring and reporting, the more effective such a service is likely to be. The more difficult the situation, the more such efforts are required. At the international level, the UN Human Rights Commission has a particularly important role to play.

To aid assessment and planning, a brief listing of questions concerning torture, unjust detention, abuse while in detention, slavery and the use of children in situations of armed conflict is provided in Table 17.

## Monitor risk

For the prevention of abuse and the mitigation of harm some groups have attempted the difficult task of identifying persons at risk of being tortured or otherwise abused. The purpose of risk monitoring is to stimulate preventive or mitigative actions. Understanding the strategy and intent of parties involved in abuse may be helpful in identifying persons at risk, who may include people in specific geographic areas, ethnic groups or humanitarian roles.

Table 17
**Assessment Questions—**
**Torture, Abuse, Detention, Abduction, Recruitment**

Concerning the abuse of children in situations of armed conflict, specifically:

- Torture
- Physical or sexual abuse
- Unjust arrest or detention
- Denial of due process of law
- Mistreatment while under arrest or detention
- Abduction
- Slavery
- Recruitment or participation in armed conflict

Facts
- What are the facts about each type of abuse?

Risk
- Which children are at risk of these abuses?

Prevention
- What measures might be taken to prevent these abuses?

Response
- What emergency measures are required for victims of these abuses?

Preparedness
- What preparedness measures will ensure effective emergency services for victims of these abuses at the time they are required?

Rehabilitation
- What short-term rehabilitation measures are required for victims of these abuses and their families?

Recovery
- What longer-term measures may be required for the recovery of victims of these abuses?

## Preventive actions

Preventive actions are required. Following are key programme strategies drawn from current experience.

**Advocate for children as a zone of peace.** An active advocacy programme to encourage the support of all society in protecting children and respect for their rights as individuals and their special needs as children has repeatedly proved to be an essential preventive action. Encourage all parties to a conflict to treat children as a zone of peace. Advocate against abuse.

**Encourage child safety practices.** Many creative protective actions are taken by parents, children and concerned

adults. These include hiding children during attacks; using adults rather than children for errands in conflict areas; providing extra protection around schools, child centres or other areas where children congregate; ensuring adult supervision of play areas; teaching children about dangers as well as defensive actions and attitudes.

**Review and strengthen national law.** Scrutinizing existing laws and championing changes required to prohibit torture, abuse, arbitrary and unjust detention, slavery and the participation of children as soldiers are important preventive actions. Existing laws have not usually been formulated to address the types of problems that arise in times of conflict. Also, they are commonly circumvented in numerous ways. For these reasons, national laws require review, redefinition and strengthening so as to restate principles, direct institutional action, correct abuses and allocate resources specific to the actual threats to children in each conflict situation. Agencies can set standards together and offer suggestions for changes.

**Advocate adherence to international law.** Relevant international law principles can be helpful in advocacy efforts against torture, unjust detention, abuse in detention, slavery and the participation of children in armed conflict. If a country has acceded to or ratified relevant international agreements, there is a strong legal basis for challenging the continued violation of established principles. But international law is important even if a country is not a signatory, for international law establishes reasonable minimum standards for all.

It has been observed that in many developing countries advocacy to achieve greater human rights protection is necessarily focused more on *basic human wrongs* than on basic human rights, and the strategy for bringing about change is based on the concept of participatory empowerment in which victims of human rights violations become active participants in the change process (Dias 1989, 63). In this regard, it is particularly crucial that the public, particularly victim communities, know of international law principles that guarantee basic human rights and define and condemn wrongs. Incorporating human rights education into the school curriculum is increasingly recognized as essential to this process.

The UN Convention on the Rights of the Child provides an important platform from which to address the abuse of children. National efforts must be made to encourage its ratification. It is important that it be translated into local languages and presented in a less legal form. The establishment of national commissions has often proved helpful.

The ICRC provides many useful training films and printed materials, including a tiny picture booklet for combatants entitled *Rules for Behavior in Combat.*

**Provide training in international law**. Training combatants, conflicting parties, civil authorities, law enforcement and detention centre personnel in national and international law to ensure that they are fully aware of prohibitions against torture, abuse, arbitrary detention and conscription of children can be helpful. Such training can lead to the establishment of operating procedures that protect children. The scale of the need to disseminate national and international principles concerning protection and abuse of children is so vast in situations of armed conflict that every agency should include such activities in ongoing efforts. The ICRC, the League of Red Cross Societies and the Red Cross Institute-Institute Henry Dunant continue to provide valuable materials and support for such training.

In the Philippines, beginning in 1990 and 1991, an active public human rights advocacy campaign for children has been undertaken. Speeches have been given, newspaper articles written and videos produced. The Philippine Government's Commission on Human Rights established an active programme to provide human rights information to soldiers, teachers and others. A national inter-agency peace advocacy movement, called the Coalition for Peace, generated many related activities. The Armed Forces of the Philippines invited the Philippine Commission on Human Rights, UNICEF and the ICRC to organize a series of workshops with senior officers on the protection of children in circumstances of armed conflict.

## Emergency response

Every effort should be made to provide such emergency services as may be required to meet the needs of abuse victims and their families at the time abuse is occurring.

**Provide documentation**. Document the facts.

**Conduct advocacy**. Advocacy on behalf of abused children continues to be one of the most important emergency interventions. Advocacy includes support to families pleading for one of their members. It includes persuasion through private channels. It includes stimulating public support through awareness campaigns and engendering support of social, civic, legal and religious groups against abuse. It includes informing policy makers and encouraging their support.

It is important to advocate against unjust detention of children, for the release of detained children and for their humane treatment. It is

also important to advocate for the special protection of children in detention—to demand that they not be interrogated without a parent or sympathetic adult present; that they be brought to trial without delay; that they not be abused or subjected to extended periods of solitary confinement. Those concerned should also advocate for the release of names to parents and the public of detained or imprisoned children; advocate for adequate food, clothing, protection and medical care while children are in detention; advocate for parental access to detained children and for detained children to have excursions and visits to their families; advocate for child detainees to be kept separate from adult and criminal prisoners, and for their protection to be assured; advocate for the release of women with children from detention and prison; advocate for visitation rights by the ICRC; and advocate against the recruitment or use of children in military operations.

**Advocacy Strategies**

Advocacy strategies for the defense of basic human rights for children may include the following:

—*Empowerment.* Engendering public discussion of the issue of the basic human rights and related national and international legal principles and their implementation.
—*Active presence.* Monitoring, informing, lobbying and problem solving by persons within a situation.
—*Passive presence.* Ensuring the presence of people in risk situations who through their presence can mitigate human rights offenses.
—*Monitoring.* Factual monitoring and reporting.
—*Conditional assistance.* Providing assistance on the condition that human rights are respected.

(DeMars 1992, adapted)

While national action is most important, international advocacy has also proved to be helpful. Organizations such as Africa Watch, the African Network for the Prevention of and Protection Against Child Abuse and Neglect, Amnesty International, Centre Europe-Tiers Monde, Defence for Children, Helsinki Watch, Save the Children and many others continue to provide essential services. Local agencies can join human rights networks and should know how to use them to protect local children. News organizations and governments play major roles.

**Negotiate on behalf of children.** Sometimes direct negotiations and lobbying with those who practise the abuse of children are necessary, in addition to public advocacy, to secure agreements to protect children. Many abuses may be avoided if support for the protection of children is secured from jail and detention staff, the police, attendant medical personnel and combatants.

In Nicaragua and Paraguay, mothers of "disappeared" children formed support groups that publicized the plight of their children and demanded their return—dead or alive. In South Africa, a group called the Detained Parents Support Group documents detention and abuses and provides mutual aid and advocacy services.

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In Argentina, grandmothers of the missing children established a mutual aid and advocacy organization called Abuelas de Plaza de Mayo (Grandmothers of the Plaza de Mayo) in response to the detention and disappearance of their relatives. The group's actions against abuse began discreetly but with time assumed a bolder approach and more open denunciation of abuse, including public demonstrations and regular fast days in Quilmes Cathedral.

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**Facilitate medical assistance.** Access to medical services has proved to be important both in the emergency care of abuse victims and for their longer-term rehabilitation and recovery. Ensure that victims of torture and abuse are provided the medical assistance required.

**Provide family support.** Support to families who have a member, particularly a child, who has been tortured, abused, unjustly detained or abducted, or who has participated in combat, is a common and urgent need. Such abusive experiences often put the family in crisis. There is great need for information and for support in coping with these experiences. Extraordinary interventions are usually required because of the fear and threat under which victims' families live and because usual social, mental health and legal services may not be available to such families or may not be organized to provide the necessary help. Families are often too afraid to seek out such services. Families often require financial assistance, and sometimes security assistance.

**Organize mutual aid.** Mutual aid groups formed by victims of abuse, particularly adult victims and the families of victims, have in many places proved to be essential for providing emergency services. Shared understanding has proved to be an unparalleled foundation upon which problems, sufferings, needs, hope, strength, support and mutual assistance can be addressed in ways that enhance coping and healing.

**Organize community support.** While family support of victims is most important, experience confirms that enhancing the community support system may be the most practical and usually the most constructive intervention strategy. The question is: "Who will victims and victims' families turn to for support and assistance, and how can that support be strengthened?" Throughout Central America and in various African countries, discussion groups and training programmes are being organized to help ensure that local community service providers such as teachers, health workers, social workers, clergy and traditional healers are sensitive to the needs of victims, can provide required support and have referral information.

**Implement special services.** Special services—psychosocial, medical, educational, legal—are often essential both for victims of abuse and for their families. Persons who have experienced torture may desire special counseling and support services in their efforts to deal with the devastation such experiences can cause. Counseling services, rape crisis centres and help for abused persons may all be necessary. Sometimes special services for torture and abuse victims are permitted to operate openly; other times, services are offered clandestinely. Special programmes for torture victims also exist in many countries to which victims flee after abuse—Holland, Canada and the United States, for example.

Special programmes have been necessary for some child combatants to help them handle the emotions caused by their war experiences, particularly if the norm of violence has been deeply inculcated by these children, if they have become accustomed to exercising power over life without constraint or if they were involved in perpetrating atrocities. Special programmes are required for some who have no family or community to return to and have missed their chance to participate in schooling at age-appropriate levels.

**Provide legal defense.** Sometimes the mobilization of legal action on behalf of children who are tortured, abused, arbitrarily detained or taken into slavery has been possible and helpful. Arbitration committees have been established to appeal individual cases.

**Establish services to child prisoners of war.** Special actions are required for children who are prisoners of war as defined in the Geneva Conventions and their protocols. It is very important that the ICRC be permitted to visit children and offer the services due prisoners of war.

## Preparedness

Preparedness actions being taken around the world focus on at least three sectors—families and individuals, community services and outside intervening groups.

**Family and individual preparedness.** Harm and fear can sometimes be mitigated by psychological preparation sessions for

In the Philippines in 1985, a programme called the Children's Rehabilitation Center was organized to assist children of political prisoners. Recognizing the difficulties faced by children with parents in detention, the Center initiated a range of services with the goal of preventing family disintegration. These services included group therapy, summer programmes for children, individual therapy, emergency housing and medical assistance, parents support groups, family support services, income-generating projects, orphan-support efforts and relief missions. In 1989 the Center staff concluded that four actions were necessary:

1. The training of local workers in crisis intervention
2. Programmes of therapy and rehabilitation broad enough to address whatever needs members of the community have
3. Preventive efforts through community disaster preparedness
4. Advocacy to bring about solutions to societal problems. (CRC 1989, 11)

those at risk of torture, imprisonment or other abuse. A booklet on detention was produced in South Africa. Where rape is a common problem, some families anticipate and discuss it to help potential victims, as has been reported among Vietnamese refugee "boat people", many of whom are abused by pirates at sea. Some adolescent girls fleeing El Salvador reportedly began taking oral contraceptives, in anticipation of rape, to avoid unwanted pregnancy.

In Chile people at high risk of detention and torture often sought assistance clandestinely from mental health professionals to help them cope with the anticipated experience.

**Agency preparedness.** To ensure that abused children are protected and that their emergency and recovery needs are met, individuals and agencies committed to the care and protection of children in situations of armed conflict must be prepared to provide the staff and programmes required. Preparatory actions for staff and programmes include putting the issue of abuse and the protection of children from abuse on the agenda for regular consideration and discussion. They include ensuring that individuals and organizations are familiar with national and international law that guarantees basic rights and prohibits abuse. They include ensuring that programmes incorporate within their regular activities the dissemination of information concerning national and international law protecting children. They also include ensuring that interested individuals, humanitarian organizations and public service personnel receive training to help prevent abuse and to render effective services to victims of abuse. Information should be collected about the experience of efforts elsewhere that attempt to provide similar services. Inter-agency coordinating systems and reporting systems should be established as appropriate.

Thousands of Ethiopian child soldiers were captured by Eritrean and Tigre liberation forces. The ICRC was permitted to visit these children and provide food, clothing and blankets.

More than 6,000 Iranian child soldiers were captured by Iraqi forces in the Iran-Iraq war and held prisoner. Efforts were made by an NGO to provide schooling for interested child prisoners.

## Rehabilitation and recovery

Some children and adults show marked resilience to the most horrific abuse. The lives of other people can be shattered by lesser abuse. Everyone who has suffered abuse carries the scar of the experience. Following are several programme strategies adopted in various countries to facilitate rehabilitation, recovery and reintegration into society of abused victims and their families.

**Assist normalization.** The normalization of family and community routines is a fundamental aspect of helping victims again find their

place as functioning members of society. Obviously, this includes ensuring that missing family members are found and that separated family members are reunited; that food, clothing and other necessities are available; that victims and victims' families have a means of self-support. Participation in usual family responsibilities, school routines and civic activities all contribute to the re-establishment of the web of life that is often rent by the abuse of basic rights.

**Establish social support systems**. Voluntary social support systems composed of victims sharing the same culture and language who have experienced similar traumatic experiences have repeatedly proved to be important in rehabilitation and recovery. Survivors of concentration camps and victims of other atrocities of World War II find it useful to continue to meet, more than 45 years after the experience. Mutual aid support groups are often most effective if managed by the victims themselves and if directed as open, sharing forums to address concerns and to participate in actions that address the problem of abuse. The need to keep children's best interests paramount is illustrated by the decision in Argentina not to form support groups for children of disappeared parents, in order to avoid increasing the children's social ostracism.

**Support community action.** It is important to encourage community action to assess problems and identify abused children in need of special support. It is also necessary to ensure that abused children who have special needs, such as prostheses, reconstructive surgery or psychosocial counseling, are provided the service required. Community action on behalf of families whose members have been abused should be encouraged. Economic assistance is often required to help families cope with unusual costs and the disruption of employment.

**Encourage healing.** Encourage traditional rituals and healing practices to facilitate "cleansing", social integration and well-being. Community organizations can do much to educate about misconceptions or stereotypes that might cause others to exclude survivors of abuse from community life. For example, women's organizations can explain that rape survivors are not "tainted" or "guilty", that the perpetrator of the aggression is responsible.

During difficult times in the Philippines a small booklet of helpful hints was developed by an NGO to counsel people concerned about being killed, tortured, or imprisoned without due process.

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At the end of the war in Uganda in mid-1986, more than 3,000 child soldiers were among the combatants. Their demobilization and reintegration into society was a matter of considerable national and international concern. The government reportedly permitted them to return home and encouraged schooling by exempting them from school fees. Many children were reportedly adopted by adult combatants they had come to know. Children who elected to remain in the army were disarmed, demobilized and permitted to choose between a military training and a civilian education programme provided by the army.

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**Initiate special programmes.** Special programmes are always required for children whose abuse has left them outside society and often without family support—street children and child prostitutes, for example. In Nicaragua, with UNICEF support, educational, recreational and cultural programmes were established for children "in" and "of" the street. Parents and other community volunteers helped provide education in the protection and care of street and working children to adult street vendors, shoemakers and other people who made their living on the street. Special training programmes have been offered by various civic groups to provide alternatives to child prostitution.

**Help reintegrate child soldiers.** The common goal in helping children who have been combatants is to reintegrate them into normal social life, in their home communities if possible, in appropriate classes in regular schools. In some situations special schools have been necessary. Jobs and special assistance opportunities are also often required.

Special protective measures are sometimes required. In Mozambique a high-level decision was made to discourage publication of photographs showing the faces of child combatants. The press was asked not to publish the full names or provide other details that might lead to the identification of children.

Also in Mozambique, in addressing the problem of children reportedly abducted and being forced to participate in violence, the government ministry with key responsibility first attempted to ascertain the facts, placed the children under the care of staff experienced in dealing with problem children, and assessed their special needs with help from Mozambican and foreign resource people. Efforts were made to reintegrate them into society through various activities and opportunities to interact with children their age.

## Principles to Guide Action

1. Encourage the protection of civilians, particularly children, against torture, unjust detention, abuse while under arrest or in detention and slavery. Discourage the recruitment or use of children in armed conflict.

2. Strive to ensure that effective programmes are in place to prevent the abuse, including torture, physical and sexual abuse, unjust detention and abuse while in detention, of children, and that effective programmes are in place to meet immediate, short- and long-term needs to ensure, to the greatest extent possible, their recovery.

3. People, particularly children, who have been victims of torture, abuse or detention, or who have participated in armed violence should be considered a high-risk group requiring special support and services.

4. While specialized services to victims may be required, victims' families, immediate friends and a normal social milieu are the primary sources of help and support and should be fostered and respected.

5. Reintegration and active participation in normal family and social roles and activities contribute significantly to recovery.

6. Resilience to and the nature and form of psychological trauma from torture, abuse, detention or participation in violence are different for each victim. Interventions must be adapted to individual needs and circumstances.

7. Medical check-ups and services to victims of torture, abuse and detention and to child combatants are an important first step in rehabilitation and recovery.

8. Mutual support groups of victims have repeatedly proved to be helpful, particularly when such groups are directed by victims themselves, are focused on the needs of members and include collective action to address the cause of the trauma and to help others.

9. Supportive counseling services have often been found to be useful but should accentuate and facilitate, rather than replace or weaken, existing family and social support systems.

10. It is generally desirable that family members or significant caregivers be an integral part of special interventions with children who have been tortured or abused. The removal for treatment of children from homes and communities should be the last resort.

11. *The wishes of victims of torture, abuse or detention or participants in armed violence, particularly children, should be respected as to whether or not they choose to talk about or participate in counseling or special intervention services concerning their experience.*

12. Recognizing that psychological and social problems related to torture, abuse, detention and participation in armed violence may be manifested over years, the period immediately after the incident will likely be the most important for any intervention.

13. Every consideration must be given to the possibility that victims, particularly children, can be retraumatized rather than assisted in the healing process by the use of inappropriate (though popular) intervention techniques, or intervention at the wrong time.

14. Special care must be taken to ensure that any use of or participation by victims of torture, abuse or detention, or those who participated in violent acts, in such events as media coverage, political advocacy, academic pursuits and legal proceedings does not threaten their lives or result in psychological or social retraumatization.

**Suggested resources**

*Amnesty International Newsletter*. Monthly Bulletin. London: Amnesty International.

*Children's Rights: Crisis and Challenge: A Global Report on the Situation of Children in View of the UN Convention on the Rights of the Child*. New York: Defense for Children International-USA, 1990.

*International Children's Rights Monitor*. Quarterly Publication. Geneva: Defence for Children International.

Kordon, Diana R., Lucila I. Edelman, D. M. Lagos, E. Nicoletti and R.C. Bozzolo. *Psychological Effects of Political Repressions*. Buenos Aires: Sudamericana/Planeta, 1988.

Woods, Dorothea E. "Children Bearing Military Arms". *Friends Journal* (April 15, 1990): 12-14. Geneva: Quaker United Nations Office.

# Unaccompanied Children

*Especially in conflict situations, the well-being of children can be protected by a nurturing family.*

Orphans, beggar children, separated children or waifs join other families, live in orphanages, wander in groups, beg for food, sleep in the streets, become child soldiers or die. Unaccompanied children exist in many circumstances and are referred to by various labels, but they have one common characteristic—they are not in the care of the adults who by law or custom are responsible for their nurture, well-being and protection. Unaccompanied children are the most vulnerable children—those who die first, face the harshest obstacles to survival, lack support for normal development and are abused. Separation from parents can be one of a child's most traumatic losses.

**Definition of an unaccompanied child**

"... person under the age of majority not accompanied by a parent, guardian or other adult who by law or custom is responsible for him or her" (Ressler, Boothby and Steinbock 1988, 287).

Age of majority

While 18 is the most commonly recognized age of legal majority, an age is not specified in the definition because the age of majority varies among countries and can be both higher and lower than 18.

Concepts of "family" and practices of child-rearing vary considerably between and within cultures. People everywhere, however, share the general concept that the well-being of children is dependent upon the care, love and protection provided by adults. When circumstances bring about the separation of children from their parents or recognized guardians, all cultures recognize the need for action to assure protection and care of children.

Ensuring the well-being of children in situations of armed conflict *always* requires special actions on behalf of unaccompanied children. The goal of humanitarian efforts may be stated thusly: *to ensure that children remain in the care of their families and, when separation cannot be prevented, that suitable alternatives are found to ensure the well-being of unaccompanied children.*

Experience confirms that these goals are achievable but not easily attained. Their attainment is dependent upon adult society's

willingness to extend the extraordinary efforts required. The measure of success (or failure) of the interventions attempted is the extent to which children are with or separated from their families and the extent to which suitable alternatives are found for those children who are unaccompanied.

The objective of this chapter is to offer a policy and programme framework, gleaned from a review of experience from around the world, for intervention on behalf of unaccompanied children. Other sources are recommended for more in-depth discussion of psychological, legal and social welfare issues concerning the care and placement of unaccompanied children. The key question addressed in this chapter is: "What actions should be taken to prevent the separation of children from their families in situations of armed conflict and to assure the well-being of children who are unaccompanied?"

Between 1974 and 1979 the number of "orphans" in Cambodia swelled from 3,000-4,000 to an estimated 250,000. In July 1989, 3,400 children were living in some 26 orphanages, and an additional 188,800 "orphans" were living with members of their extended or other families. (UNICEF 1990, 127)

In El Salvador in the mid-1980s in a background of very poor conditions in the camps for displaced persons, mothers who could be convinced to give up their youngest child to families in other countries were given a monetary payment (equivalent to about US$40) by unscrupulous parties who managed "fattening houses" and illegal adoption services. Children were also kidnapped for the same purpose. (de Marino 1990, 49)

## Facts

Unaccompanied children are vulnerable on many fronts. They are without the benefit of guidance, nurture, care and protection of loving adults who through daily life assure their well-being and contribute to their becoming full contributing participants in society. They are often disenfranchised from schooling, medical care, legal protection, due process, social services and training possibilities. Many have survived such traumas as seeing their families murdered, or being abused, wounded or handicapped. Resulting physical, psychological and social needs go unmet for lack of special help. Unaccompanied children may be without a satisfactory source of food, a place to live and sleep, adequate clothing and a place to bathe.

Many children are separated from their families in virtually every conflict situation. During the Russian Revolution and World War II the number of unaccompanied children was reportedly in the millions. In recent national conflicts, unaccompanied children often number in the tens of thousands. Unaccompanied children often constitute as much as 2-5 per cent of refugee and displaced persons populations, sometimes more (Ressler, Boothby and Steinbock 1988). In Fugnido Camp in Ethiopia, for example, 50.3 per cent of the total population of approximately 23,000 Sudanese

refugees were reportedly boys between 5 and 14 years of age, most of whom were unaccompanied. In Angola a single camp with some 10,000 children existed. More than 3,000 unaccompanied children were among the Khmer-displaced population in Thailand. In 1991 more than 2,000 unaccompanied Vietnamese children were being held in detention centres and open camps in Hong Kong.

Unaccompanied children cannot be presumed to be orphaned. Surveys consistently confirm that within most populations of unaccompanied children will be some who were accidentally separated from their families, some who were abandoned and some who are orphaned. Other children will be runaways, some entrusted to the care of other adults by parents and some living independently with parental consent. Abducted children will be found in some situations. Table 18 provides a topology of common types of family-child separations. Recognizing that children separate from their families under various circumstances is important, for quite different interventions may be required for abandoned, lost and abducted children, for example.

Most children are not separated from their families within conflict situations. For those who are, there is no single cause for the separations. Each case is family-specific. Some parent-child separations occur when parents, despite their best efforts, are unable to meet the basic survival needs of their children; no factor is more central to family separation than abject poverty. Sometimes children are left on

Table 18
**Family-Child Separations**

Involuntary separation: against the will of the parent(s)

| | | |
|---|---|---|
| 1. | Abducted: | a child involuntarily taken from parent(s) |
| 2. | Lost: | a child accidentally separated from parent(s) |
| 3. | Orphaned: | a child whose parents are both dead |
| 4. | Runaway: | a child who intentionally leaves parent(s) without their consent |
| 5. | Removed: | a child removed from the parent(s) as a result of the loss or suspension of parental rights |

Voluntary separation: with parental consent

| | | |
|---|---|---|
| 6. | Abandoned: | a child whose parent(s) deserted her/him with no intention of reunion |
| 7. | Entrusted: | a child voluntarily placed in the care of another adult, or an institution, by parent(s) with intention to reclaim her/him |
| 8. | Surrendered: | a child whose parent(s) have permanently given up parental rights |
| 9. | Independent: | a child living apart from parent(s) with parental consent |

(Ressler, Boothby and Steinbock 1988, 115)

In 1988 in Mozambique orphaned, abandoned and traumatized children were estimated to be as many as 200,000.

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By 1987 there were estimated to be 120,000 children in Guatemala who had lost at least one parent in the ongoing conflict there. Most remain in the care of the surviving parent, with a member of the extended family or with neighbours. (Poasadas de Garcia 1990, 2)

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In 1988 it was estimated that 20,000 children ages 6-18 roamed the streets of the cities in Sudan; some 12,000 were in Khartoum. Most were reportedly victims of families impoverished by drought and displaced by war who came to the city to escape poverty and find work and an education. Street life leading to disillusionment, hardship and need often contributed to children's entering into begging, stealing and drug abuse. (Seligman 1988)

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their own when parents are detained, are conscripted or disappear. Children are sometimes caused to be unaccompanied as a direct consequence of bombing, massacres or village raids when parents are killed, abducted or accidentally separated from their children.

Many separations are precipitated by factors related to the functioning of the family itself. Usual family and parent/child problems may be accentuated during periods of conflict. Parental negligence, abusive behaviour and abandonment; unwanted births, divorce and remarriage frequently cause children to become unaccompanied in both conflict and non-conflict situations.

Societal norms and cultural practices also influence separations. Owing to religious beliefs and cultural practices, despite difficult circumstances, virtually no unattended children are found among Afghan refugees. In some countries many illegitimate or handicapped children are abandoned. Some families think it is necessary to send or permit children to work in the streets or to place them on boats or buses to seek opportunities in other places.

Separations are also caused by military or governmental policies, through evacuation rules, refugee camp policies and immigration regulations, for example. Eligibility rules for emergency service, such as rescue operations and the management of refugee movements, can inadvertently cause parent-child separations. Inadequate record keeping in emergency medical services and in orphanages often inhibits the reunion of children with parents.

If a survey were carried out in a conflict situation, one would most likely find unaccompanied children in the homes of other families. In virtually every emergency situation—in war-torn villages, refugee camps, evacuation centers, even in famine conditions—there are innumerable examples of compassionate families who take in needy children even though they are struggling to survive themselves. Great care should be taken to protect, even nurture, spontaneous care arrangements. It is important to recognize that unaccompanied children living with other families are separated from their families and may still require such assistance as tracing. In most cases such alternative care arrangements are in the children's interests, but unfortunately, not all are benevolent. Sometimes unaccompanied children are taken into families that physically abuse them, force them to work without remuneration or opportunity for advancement, use them in prostitution or even

enslave them. Though such abuse cases are the exception, their existence is a reminder of the need for socially appropriate protective services for unaccompanied children, as well as services to help them locate their families if their whereabouts are unknown.

Unaccompanied children (particularly infants abandoned at birth) are also to be found in orphanages, child-care centres and hospitals. Unaccompanied children are sometimes identified at clinics, food distribution centres, welfare offices, temporary camps and detention centres. They often attach themselves to combatant forces for food, security or opportunity, and are sometimes recruited or accepted into combat groups and provided uniforms and guns. Unaccompanied children may be found in police jails and on the streets, where they survive by working, begging or stealing.

Typically, the majority of unaccompanied children are male adolescents, but boys and girls of all ages are included in most populations of unaccompanied children.

In Uganda in 1989 about 2,500 children were living in institutions, of whom approximately 25 per cent had lost both parents, while the remaining children had at least one surviving parent unable to care for them to the same standard as the institution.

A UNICEF study of 518 street children in Liberia during the war found that few were hard-core street children. Over 90 per cent had been on the streets only since the war, and over half the children reported being there because they were separated from their families during the war. Some 73 per cent were living in the street, in abandoned buildings and in wrecked cars, and 25 per cent had to beg for food. Some 17 per cent had witnessed the deaths of their parents. (Guluma 1991, 3)

## Humanitarian law

International law recognizes the existence of unaccompanied children and provides principles that apply to their care and protection. All principles of the UN Convention on the Rights of the Child apply to unaccompanied children. Table19 provides selected key principles. Obviously, it is national law that legally is recognized to act as the parents in their absence.

## Common problems in implementation

The continued existence of unaccompanied children reflects failure at many levels—family failure to ensure care of the children, state failure to support family efforts in this fundamental task and emergency management failure to ensure that the needs of the most vulnerable are met. In all emergencies, actions are taken on behalf of unaccompanied children, but a review of experience suggests that such efforts are stymied by 10 common problems.

Unquestionably, the most significant problem is that too little is done too late. An absence of monitoring and assessment, a lack of preparedness and late and inadequate responses continue to have significant impacts on the well-being of unaccompanied children.

Table 19
**Selected Key Articles in International Law**
**Concerning Unaccompanied Children**

*"The family is the natural and fundamental group unit of society and is entitled to protection by society and the State."*
—Article 16 (3), Universal Declaration of Human Rights

*"The child, for the full and harmonious development of his personality, needs love and understanding. He shall, wherever possible, grow up in the care and under the responsibility of his parents, and, in any case, in an atmosphere of affection and of moral and material security; a child of tender years shall not, save in exceptional circumstances, be separated from his mother. Society and the public authorities shall have the duty to extend particular care to children without a family and to those without adequate means of support. Payment of State and other assistance toward the maintenance of children in large families is desirable."*
—Article 6, Declaration of the Rights of the Child

*"1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.*

*"2. States Parties shall in accordance with their national laws ensure alternative care for such a child.*

*"3. Such care could include,* inter alia, *foster placement, Kafala of Islamic Law, adoption, or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background."*
—Article 20, UN Convention on the Rights of the Child

*"Each Party to the conflict shall facilitate enquiries made by members of families dispersed owing to the war, with the object of renewing contact with one another and of meeting, if possible. It shall encourage, in particular, the work of organizations engaged in this task provided they are acceptable to it and conform to its security regulations."*
—Article 26, Fourth Geneva Convention

*"Children shall be provided with the care and aid they require, and in particular:*
*"(a) they shall receive an education, including religious and moral education, in keeping with the wishes of their parents or, in the absence of parents, of those responsible for their care;*
*"(b) all appropriate steps shall be taken to facilitate the reunion of families temporarily separated . . ."*
—Article 4 (3), Protocol II Additional to the Geneva Conventions

As surveys of street children in many places have shown, the longer children live independently on the streets, the more difficult it is to bring about family reunification or any other family-based service. The longer infants are deprived of care, children lack family nurture or miss school, the more difficult it is to compensate for these losses.

It is sometimes assumed that special interventions are not necessary because unaccompanied children are likely to be spontaneously cared for by persons within the local community, group or tribe, or that their needs are being met by existing social service systems through regular programmes. Experience substantiates, however, that during conflict situations usual systems are often inadequate without substantial support. Dire poverty can, for example, limit the benevolence of families. Large numbers of unaccompanied children can exceed the absorption capacity of usual interventions. Local services may lack personnel and resources. Existing traditions and social systems that might have protected children under normal conditions may be in disarray because of the conflict or displacement.

It is also erroneously assumed that emergency programmes for adults will without modification benefit unaccompanied children. Most emergency interventions—food distribution, emergency medical care, shelter arrangements, social services—are based on the concept of a functioning family unit in which adults assure the well-being of children. Usual emergency assistance may therefore be unavailable to children outside the protection of their families.

Second, the nature of the problem of unaccompanied children is often not fully determined or clearly presented. Orphans are sometimes restrictively defined as children who have lost both parents, while at other times children with a surviving parent are included. The reported number of orphans, for example, often leads people to assume that they are without parental care when in fact they are in the care of one parent. Children in orphanages, in detention centres or on the streets are often not included in assessments. The causes of separation are insufficiently addressed.

Third, intervention efforts often adopt strategies that treat unaccompanied children as a group rather than as a collection of individuals with specific needs. The needs, circumstances and potentials of every child are different, and programme approaches must assure individual care, assessment and case work.

Fourth, insufficient preventive efforts are taken to help families avoid separations. Many of the separations of children from their families can be avoided by appropriate preventive interventions that address the causes of separation.

Fifth, insufficient tracing and family reunification efforts often limit the reunion of children and families who have separated. Passive tracing programmes that take years to locate family members do not serve the interests of children. Delays in initiating tracing programmes, insufficiently assertive reunification assessments and lack of family support services cause unnecessary harm to children. Studies of unaccompanied Khmer children in Thailand confirmed that children's reports of the cause of separation were often inaccurate, including reports of parental death (Ressler 1980, 7).

Sixth, all too often, interveners on behalf of unaccompanied children overlook and disregard local family and community resources that could be mobilized to aid children in need. Families are often assumed to be too impoverished, community services unresponsive and traditional systems disrupted. Such assumptions can displace or weaken local capabilities to meet the needs of their children, to the detriment of the children themselves.

In 1987, 3,780 "orphan" children were being assisted by public and private child-care institutions in El Salvador (UNICEF nd., 17).

Seventh, many efforts attend to the children's physical needs, shelter and food, for example, but are less successful in meeting equally important emotional and social needs. Most critical is the failure to arrange satisfactory emergency, interim and long-term care. The institutionalization of children is a common example of such failure, for children's age-specific developmental needs are not met in institutions.

A combatant force in Liberia reportedly used an orphanage to train and recruit children as combatants.

In virtually every conflict situation, well-intended initiatives propose the establishment of institutions—orphanages or child-care centres—for unaccompanied children. An orphanage appears to be a feasible response to perceived needs of unaccompanied children and is often easy to fund initially. Organizers typically intend to make the institution a model of good care. Experience virtually everywhere, however, proves the opposite. Tales of horror follow almost every effort to institutionalize children.

Children in institutions may get regular meals and exhibit playful behaviour but miss the individual love, nurture, guidance, role-modeling and personal attention that they depend upon for normal growth and development. The consequences of institution-

alization are widely known. Institutionalization leaves children disadvantaged, like plants that have not received the optimal nutrients for growth. Institution residents are often described as problem children, a judgement, if true, that reflects less about the children than about the failure of the society to meet their needs.

Institutions often fail to provide even minimal standards of care. Well-financed and enthusiastic beginnings are commonly followed by increasingly scarce funds and declining standards. In addition to its nurturing advantages, family or foster care is significantly less costly to support than institutions. Conditions within child welfare institutions are often deplorable in comparison to local standards of family care, even in the poorest families. Poor food, crowding, inadequate water and sanitation, infestation by mice and rats, a lack of educational opportunities or special services and haphazard record keeping are often the norm. Staff members may be dedicated but are often inadequate in number, poorly paid and insufficiently trained; have minimal resources and referral options at their disposal; and have high turnover rates. Few orphanages have effective tracing, family reunification or family support programmes.

Cambodian children in orphanages under the control of resistance groups along the Thailand-Cambodian border were reportedly used both for political purposes and as sources of recruits.

Many of the children in Lebanese orphanages are reportedly there because parents lack adequate resources to raise them.

Also, orphanages in conflict situations are often used for ends other than children's well-being. They are frequently used by unscrupulous individuals or agencies for raising funds. Political and guerrilla movements often attempt to gain political favour by establishing and managing orphanages; they are sometimes used by such groups as sources of recruits. The establishment of orphanages by rebel groups appears to be an increasing trend, one that subverts the traditional social response to children in need.

One last comment about the consequences of institutions deserves mention. Bad conditions within institutions do not reduce the number of children placed in them, but paradoxically, good conditions can actually increase the number of children who are unaccompanied. If a child-care institution is perceived to provide better amenities than families or caregivers can offer, then children may be abandoned or entrusted to the institution by parents who believe they are acting in the children's best interests. It is common for children in orphanages to have at least one parent. They are often placed there because their families lack the resources to raise them.

Eighth, unaccompanied children receive inadequate legal protection. They are often without a recognized legal advocate,

guardian or representative. Insufficient legal protection also includes inadequate laws and policies to guarantee that their rights are protected, that they are not abused or wronged and that their well-being is assured. Insufficient legal protection, in whatever legal system or tradition, often results in abuses of placement, care and services.

Ninth, interveners often fail to provide opportunities for unaccompanied children to express their own opinions and to help determine actions on their behalf. Not only is this their right, but experience confirms that their interests are often served more effectively when they are actively involved; a lack of their participation often leads to failure.

Tenth, intervening agencies often fail to recognize child welfare as a specialty requiring the advice and involvement of persons skilled in assessing and working with children. Just as eating does not qualify everyone as a nutritionist, so having been a child or having reared children does not necessarily provide the special skills of working with unaccompanied children, particularly with regard to their placement. The absence of persons experienced in child welfare matters in assessments of emergency situations, planning processes and programme implementation is often reflected in programmes that are not child oriented.

## Programme Strategies

Intervention goals with regard to unaccompanied children include taking such actions as may be necessary to ensure that children are cared for by their families (avoiding separation), to ensure that the needs of unaccompanied children are met in the short-term and to ensure that, as soon as possible, arrangements are made so that unaccompanied children become "accompanied" once again. Around the world many creative efforts are being undertaken to achieve these goals. The following programme strategies are offered on the basis of review of that experience. Nine key principles to guide programme action are suggested in Table 20.

## Know the facts

Unaccompanied children have no public voice, usually do not seek public assistance and do not mount protests as adults might do if so deprived of basic survival and developmental needs. The protection and well-being of unaccompanied children can be assured only if the facts are known. Response must not be delayed until the problem is manifestly obvious. The facts must be actively sought, and unaccompanied children searched for.

## Monitor risk

Preventive and effective emergency response measures to eliminate threats to family unity are dependent upon forward-looking efforts that understand the difficulties parents face in caring for their children. This type of monitoring requires, first and foremost, an orientation towards understanding and skill in listening and seeking to understand. The focus is the family itself—mothers, fathers and children—and there is no substitute for their own descriptions of their situation. Local resource persons—teachers, religious institution workers, village leaders and clinic staff—cannot speak for families themselves but are often aware of difficult family circumstances and threats. In Lebanon, interviews with war-affected mothers and children were recorded verbatim and published in a booklet titled *Cries of Children in Lebanon as Voiced by Their Mothers* (Bryce 1986). Such information can be helpful in the collective process of better understanding and addressing hardships, particularly with regard to threats to family unity. It is a sorely underrepresented perspective.

Monitoring the risks to family unity and the circumstances in which unaccompanied children might exist includes anticipating who might be affected by future war operations, who might be displaced, who might be affected by increasing destitution and who might be affected by disruptive policies or emergency actions. Certainly the existence of any unaccompanied children should be considered an important indicator of the potential for additional unaccompanied children, separated for similar reasons.

Table 20
**Examples**

In early 1985 soon after tens of thousands of people from Tigre and Eritrea fled into eastern Sudan under very harsh circumstances, an assessment of the needs of unaccompanied children was carried out for the United Nations High Commissioner for Refugees (UNHCR).

Although many "orphans" were reported to be among the 70,000 or so Eritrean refugees in one camp, only one unattended, unaccompanied child was identified. Owing to the general population's traditional assumption of personal responsibility for orphaned children, marriage patterns that resulted in orphans being "doubly related", religious beliefs that specified responsibility for the care of orphans and traditional communal responsibilities for child-rearing, unaccompanied children were being cared for within the general population without distinction.

A somewhat different pattern existed among the 120,000 Tigrean refugees in other camps. The Tigreans had suffered severe family hardships and food shortages as a result of the war and drought. Many families had been accidentally separated in the long trek to the camps. Nevertheless, a nutrition survey revealed that 9 per cent of families surveyed were caring for children other than their own. Despite such spontaneous benevolence, four groups of children were identified as requiring special attention: children with no family willing or able to care for them; children living with relatives or with non-related families but receiving very minimal care; children living with fathers only; and motherless nursing-age infants.

The recommendations for actions on behalf of unaccompanied children in this situation included:

- measures to ensure that young orphaned children were cared for
- a preventive family assistance programme for families caring for children other than their own and for whom these extra children were reportedly a burden
- assistance to families in which children were living alone with their fathers, with elderly grandparents or with single mothers with several children under age five and/or sick children when no other adult was present
- placement of motherless nursing-age infants with full-time infant-care workers
- implementation of a thorough assessment of the situation of parentless children
- an immediate family assistance service for families where children were at risk
- close collaboration between community leaders and elders who would provide in-camp family and child-care workers
- searches for missing family members of unaccompanied children, of children living with distant relatives or with an unrelated family and of other children accidentally separated from their parents
- reunion of siblings and of children with a relative willing to care for them.

(de la Soudiere 1985)

## Preventive actions

There are few actions more important to children's well-being than preserving the bonds of care within the family. As Anna Freud and Dorothy Burlingham concluded after studying children who were separated from parents in England during World War II:

> *"The war acquires comparatively little significance for children so long as it only threatens their lives, disturbs their material comfort or cuts their food rations. It becomes enormously significant the moment it breaks up family life and uproots the first emotional attachments of the child within the family group."* (Freud and Burlingham 1944)

Parents and children separate for many reasons and under varying circumstances, as discussed earlier in this chapter. The preventive actions required to preserve family unity, therefore, must be specific to each cause of separation. Preventive actions are dependent upon knowing the facts about family separations and knowing which families are at risk of separation. Preventive programme strategies may include the following interventions.

In El Salvador, assistance to vulnerable families includes day-care options, clinic services for psychological and medical help, foster home programmes that provide economic assistance to families willing to care for children other than their own, social support and loans to families having difficulty providing for the needs of their children, and legal assistance.

**Family assistance.** The threatened separation of parents from their children may always be considered a family crisis. Assistance to address that crisis can often preserve family unity. Economic assistance may preserve family unity when parents are about to send off their children because they are no longer able to feed them; social intervention may help preserve unity in families threatened by internal strife; support to widowed and single parents may enable them to care for their children; family planning services can help prevent unwanted pregnancies. Emergencies often accentuate the need for social services, in whatever form is appropriate in the culture and situation.

**Information to parents.** It is important to provide information to parents about child development, the importance of the family and the dangers of separation. In many emergencies, parents have separated from their children because they assumed it was in the children's best interests. They are often lured into separating from children by agencies that offer special schooling, vacations and safety. They may believe that the amenities of an institution offer a better life than the

care of a parent, that future opportunities in distant places are worth the hardships the child must endure on her or his own. Conflict situations often force extremely difficult decisions, but many parents who separate from their children are unaware of the suffering, hardships and life-altering consequences that such separations impose on the children, and the children who suffer do not tell them.

Table 21
**Assessment Questions—**
**Unaccompanied Children**

Facts
- Do unaccompanied children exist? If so, what are their circumstances and needs?
- Why are children separated from their families?

Risk
- Which children are at risk of being separated from their families?

Prevention
- What measures would help prevent the separation of children from their families?

Response
- What emergency actions are required to meet the needs of unaccompanied children?

Preparedness
- What preparedness measures will ensure that effective services are provided to unaccompanied children?

Rehabilitation
- What short-term measures are required to meet the needs of unaccompanied children?

Recovery
- What long-term recovery measures are required to ensure the protection and well-being of unaccompanied children?

**Protective emergency actions.** Family-oriented emergency actions can avoid the separation of children from parents. Evacuations, if necessary, should be carried out in family units. If the evacuation of children is necessary, experience confirms that the children should be accompanied by their own parents. In many emergencies, the evacuation of children has led to the permanent separation of children from their families (Ressler, Boothby and Steinbock 1988).

**Emergency assistance that enhances a family's ability to meet the needs of its children.** Sometimes well-meaning interveners offer child-specific services that harm the relationship between the child and the parent by providing temporary foster care, medical support and feeding that the parent, with support, could have provided. The concept of family-oriented assistance should guide all emergency actions.

**Advocacy.** Advocacy is essential for protecting family unity in conflict situations. It is often necessary to remind combatant parties of families' rights to remain together and of the importance of family unity to children.

It is often necessary to defend family unity against civil policies and military strategies that divide families. Engendering public support for the nurture and care of children within their family and for those facing difficulties is important.

## Emergency response

Emergency response should be rendered immediately upon the identification of children who are unaccompanied and should include at least four actions: assessment, registration, emergency placement and emergency services.

Effective response to the needs of unaccompanied children is best taken from an understanding of children's perspectives of the events that have befallen them. While unaccompanied children may have many unmet physical, social and emotional needs, they are generally very resourceful. They are not without coping skills, opinions and ambitions.

In a 1986 review of strategies for encouraging the foster care of children in Mozambique, social workers and interested parties concluded that material support to families was essential. Subsequently, family kits of basic items were assembled and distributed to vulnerable and foster families. The kits also provided an entry point for assistance in addressing any psychological or social problems that might affect the children. (UNICEF 1987)

**Assessment.** Special consideration of the circumstances and needs of unaccompanied children should be included in all assessments of human needs in conflict situations. Table 21 provides a broad assessment framework. Wherever there are food shortages, medical emergencies, shelter needs or displacements, it may be assumed that unaccompanied children will exist within the affected population.

Single assessments can be very important. The initial assessments of the needs of unaccompanied children at the beginning of the movement of Cambodian refugees into Thailand in 1979 and at the beginning of the influx of Ethiopians into Sudan in 1985 are examples of early emergency assessments that yielded important policy and programme initiatives on behalf of thousands of unaccompanied children.

Single assessments, however, are never fully adequate. An ongoing process that assesses the potential for and needs of unaccompanied children is always required, for the threat to family unity and the separation of families are continual. It is worth mentioning that assessment is of little help if it is but a tally; it is helpful only if linked to action.

To facilitate care and tracing in Mozambique, it became necessary to develop a referral system and to distribute a registration form for unaccompanied children taken to police stations and social welfare facilities.

**Registration.** The registration of unaccompanied children whenever they are first identified is important. This includes children unaccompanied for various reasons: child detainees, abandoned children, evacuated children, wounded children and children in institutions. Simple facts about unaccompanied children such as names, locations where they were found, people they were with when found, their general condition and where they can be located are often critical to ensuring that they have continued access to emergency services and receive the follow-up required. Simple registrations—brief notations written in a school notebook were used by one programme in the Nigerian civil war—can be invaluable in preserving children's identities and in tracing their families.

**Emergency placement.** The need for emergency placement obviously depends on the circumstances of the unaccompanied child. The objective must be to ensure that immediate care and protection needs are met.

Institutions such as orphanages are often established in consideration of the need for emergency placement. While temporary institutions are sometimes necessary, there are usually other, more desirable options. If support is provided, families are often willing to provide emergency care, for example, and the extra effort required to arrange such is to the children's benefit. In many cases the emergency needs of unaccompanied children can be met through traditional assistance approaches—village discussions and temple-based care programmes, for example—if encouraged and supported. Small, village-based group homes for children have also been established as alternatives to larger institutional programmes, although they share some of the same problems as larger institutions. It merits repeating that institutions often fail to meet the essential needs of children and that once established are difficult to close because they are self-perpetuating. Long-term options for child residents are further limited because of time spent and experiences within institutions.

**Emergency services.** It is essential to ensure that unaccompanied children have access to such emergency services as may exist—food, water, shelter, emergency care and safety. Provision of such assistance to unaccompanied children through families, rather than

through direct assistance, often avoids families' separating from their children so that the children, if perceived as unaccompanied, can receive special services.

## Interim measures

As stated earlier, the principal goal for intervention on behalf of unaccompanied children is to facilitate suitable arrangements so that they are once again accompanied—with a parent or guardian by law or custom. For children's well-being, it is critically important that this goal be achieved in the shortest time possible. At lease eight actions are commonly required: care, basic services, documentation, tracing and family reunion, guardianship, strengthening of national laws and strengthening of national social services.

**Care.** Clearly it is not in children's interests to be left unattended without care or protection while long-term arrangements are being organized. Suitable interim care arrangements are a first-order need. While a full exposé on interim care of unaccompanied children is beyond the scope of this discussion, leading principles are offered in Table 20.

**Basic services.** In the weeks or months that are often required to facilitate permanent care arrangements, special consideration is often needed to ensure that unaccompanied children have access to basic services. In addition to life-sustaining amenities, basic services for unaccompanied children include health services, such as immunizations, and provision of adequate nutrition and education.

Creative approaches for providing essential services are often required for children, such as child soldiers and street children, who have lived for extended periods outside normal family and community patterns. Drop-in centres, non-formal education, bathing facilities, food service centres and job training opportunities are being established in many places.

**Documentation.** In addition to the emergency registration of unaccompanied children when first identified, more complete documentation is essential for assessing and meeting the needs of unaccompanied children. Documentation should be completed as

early as possible, so as to ensure that critical information is not lost. Recording the identity of children, facts about their families, where they came from and details about the cause and circumstances of the separations is essential. Details about the child's experiences since being separated from the family and her or his current circumstances are also important. Workers should strive to understand and note each child's interests, intentions, aspirations and plans. Observations about his or her physical and psychosocial condition should also be recorded.

In Ethiopia in 1986, a study of the 240 unaccompanied children residing in a shelter for famine/war victims (Dora Ghibe shelter) substantiated that only 49 were true orphans; 229 of the children were subsequently reunited with their families (Jareg 1989, 2).

**Tracing and family reunion.** One of the first, and perhaps most important, questions to be asked for every unaccompanied child is where the parents or guardians are. Tracing families and determining the potential for family reunion remains one of the most essential interventions on behalf of unaccompanied children in situations of armed conflict.

In Mozambique the government encouraged the return of unaccompanied children to their own homes or to foster homes. Over several years in the mid-1980s, for example, of 1,000 children living in centres in Inhambane Province, homes were found for all but about 90. (UNICEF 1987, 6)

Tracing and family reunification efforts for unaccompanied children immediately after the Nigerian civil war in 1970 continue to be forceful examples of the potential for reuniting unaccompanied children with their families when a concerted effort is made. Of some 10,000-11,000 unaccompanied children who existed at the end of the war, many of whom had been separated from families at a very early age, all but 79 were reportedly reunited with their parents or extended families. Achievement of this effort required a government decision to close orphanages and return children to the care of their families. Families with dire needs were provided assistance to facilitate the reintegration of separated children. Also, to achieve this goal approximately 500 social workers laboured for two years, working with a budget of some 8 million Swiss francs (Moser 1973, 14).

In Uganda during 1983 and 1984, the names of unaccompanied children found in the Luwero triangle were broadcast every evening on the radio and published regularly in the newspapers.

It is important to note that the type of need for tracing determines its implementation. When "placement tracing" is necessary to explore the possibility of reuniting unaccompanied children with their families, time is of the essence and an active search culminating in a social services assessment is necessary. Specially developed tracing programmes are usually required, and a wide range of creative tracing techniques have been used, including photo bulletins, television programmes, newspaper publishing, the establishment of "community tracing bulletin boards", the development of special newspapers

and taking children to possible home villages. Finding missing family members is a life-long need, and tracing is therefore necessary for reasons other than child placement, as illustrated by the fact that Red Cross organizations continue to trace missing persons separated in wars 30 or 40 years ago, a type of tracing labelled "contact tracing" (Ressler, Boothby and Steinbock, 1988).

In evaluating the possibility of reuniting children with the families they have been separated from it is essential to determine if such reunions are in the best interests of the children. Also, to protect the children, it is always necessary to verify the relationship of adults claiming to be relatives of these children. Once reunification has been effected, monitoring and support services to the family may be required.

During the 1989-90 repatriation programme for Namibian displaced persons, a family tracing and reunification programme was operated by the Namibian Council of Churches using photographs disseminated through church parishes and information broadcast over the radio.

**Guardianship.** A recognized guardian or legal advocate for each unaccompanied child is essential to ensure that the children are protected and that their best interests are considered. In every society, in all legal systems and traditions, provisions for such commonly exist but are sometimes overlooked or inadequate for the circumstances of unaccompanied children in armed conflict. For children in the care of families other than their own, the appointed guardians may be the adult caregivers in that family. For children without family care, it is essential that there be an appointed guardian with responsibility for ensuring that unaccompanied children are protected and that the best interests of the children are considered in matters that affect them. It should be clear who has legal responsibility for each child.

In 1985 and 1986, 71 of 111 children living alone in feeding centres in Tigre (Ethiopia) were reunited with families following circulation of descriptions of the children among beneficiaries of food distribution programmes (ICRC 1987).

**Strengthening of national laws.** Child welfare and protection laws often require review and upgrading on behalf of unaccompanied children. In many cases an emergency provides impetus for this. Reviews and upgrading are generally required in conflict situations to direct social services to the specific needs that arise because of the conflict.

In 1986, 759 unaccompanied children were reunited with their families in Wollo Province, Ethiopia, through a joint agency effort of ICRC and Save the Children Federation.

**Strengthening of national social services.** Social services are often inadequately funded, understaffed and overloaded. The many additional needs for humanitarian services in conflict situations accentuate the difficulties faced in providing needed services. To

address the needs of unaccompanied children in conflict situations, additional resources, staff, training and equipment are almost always required and should be given priority. Procedure manuals and social service guides may be required. Seminars, training workshops and study tours of other programmes are also important. It also merits mention that short-term services for unaccompanied children often fail to provide the long-term services required. It is generally preferable to support and strengthen existing services rather than duplicate or replace them with short-term emergency operations.

During the war in Mozambique, existing laws on adoption and guardianship, which dated from colonial times, were found to be totally unsuited to the current realities. In 1986 a national commission was established to draw up proposals for new and more appropriate laws.

Between 1985 and 1987, Mozambican social welfare professionals took study trips to Brazil and Ethiopia for comparison of programmes to assist orphaned and abandoned children in these locations.

## Preparedness

Emergency and interim services to unaccompanied children require unique programme responses and special skills. An understanding of the lessons learned from similar experiences is often invaluable. The midst of an emergency is not the optimal time for people unfamiliar with child welfare, protection, placement and tracing issues to begin the learning process; preparedness is essential to ensure a timely and effective response.

Institutions and agencies likely to provide services to unaccompanied children in situations of armed conflict can prepare by ensuring that experienced staff are identified, that training is provided, that information about programmes on behalf of unaccompanied children in other emergencies is collected and disseminated and that appropriate systems are developed in anticipation of their need.

Family preparedness must also be considered. Some parents prepare their children for anticipated separation; many disappear during the night or leave in such a way that the children won't know the circumstances. Most parents who leave their children in these ways probably believe they are sparing them a painful truth. Yet, there is evidence that children who are prepared for even a painful separation, armed with the truth and reassurance from parents, more easily maintain trust in parents and in others and do not feel as alone or abandoned as children who have been deceived as well as left. Living with the unknown and unexplained absence of parents can be very hard.

## Long-term care

From the moment unaccompanied children are identified, the primary objective of intervention assistance should be to help bring about a long-term care arrangement that meets their needs until they reach adulthood. Depending on the age and circumstances of each child the general options include some form of family reunification, adoption, foster care, group homes, independent living arrangements or, as a last resort, institutional care. It is essential that unaccompanied children be provided permanent long-term care arrangements that meet age-appropriate developmental needs as early as possible, for children are harmed when they are forced to languish in camps, in institutions and on the streets without such care.

In Addis Ababa in 1988 and 1989, a programme implemented by Red Barna and the National Children's Commission for street children was able to reunite all but 4 of 67 children in the programme. The programme strategy was based on gradual establishment of personal relationships with the children and their families; reunification; assisting the children to restart their education; economic support to the families for schooling expenses; support to enhance the income-generating opportunities of the families; housing improvement for the poorest families; and a "contact center" for consultation and group meetings. (Jareg 1989)

## Principles to Guide Action

1. A proactive, preventive outreach service is required to identify and protect children who may become or who are unaccompanied.

2. Children's best interests should be the primary consideration in all matters related to care, placement and protection.

3. Every effort should be made to maintain family unity. The family provides the best chance for the protection and nurturing of children, and separation from their family is a life-altering, traumatic event for children. Many separations can be prevented by appropriate intervention at the family level.

4. When separation occurs, every effort must be made to trace, assess and reunite children with their families as soon as possible, if such is feasible. Reunification of long-separated families should be cautiously undertaken, using the emotional well-being of the child as a guide.

5. Continuity of relationships is fundamental to children's well-being. Stated in the converse, children of all ages do poorly when they lack stable, nurturing relationships with adults or

when the bonds of care are repeatedly broken as children are passed from one caregiver to another. Therefore, all placement decisions should protect existing meaningful relationships of children—particularly between family members, siblings, foster-care givers and possibly other unaccompanied children. New placements should strive to assure long-term nurturing relationships.

After a long separation from the parent(s), children may develop strong attachments to other adults and consider them as parents. Consideration must be given to such attachments in reunification programmes.

6. Each unaccompanied child—a child not in the care of parents or parties recognized by law or custom as having responsibility for the child—should be provided a legal guardian.

7. Unaccompanied children should receive emergency care that is age-appropriate and nurturing, and that meets their psychological, developmental and physical needs. It is usually preferable for a child separated from her or his family to stay with a trustworthy adult who is as close as possible to being seen by the child as a family member.

8. Related to the need for continuity, every effort should be made to facilitate the care of children within their own families, cultures and communities. The first option should always be local care.

9. Children of a knowing age, even very young children, have a right to have their opinions heard and to participate in decisions about their care and placement.

10. Preserve the language, culture and ethnic ties of children separated from their parents.

**Suggested resources**

Ockwell, Ron. *Assisting in Emergencies: A Resource Handbook for UNICEF Field Staff.* New York: UNICEF, 1986.

Ressler, Everett M., Neil Boothby and Daniel J. Steinbock. *Unaccompanied Children: Care and Protection in Wars, Natural Disasters and Refugee Movements.* New York and Oxford: Oxford University Press, 1988.

United Nations High Commissioner for Refugees. "Guidelines on Refugee Children". Geneva: United Nations High Commissioner for Refugees, 1988.

Williamson, Jan, and Audrey Moser. *Unaccompanied Children in Emergencies: A Field Guide for Their Care and Protection* . Geneva: International Social Service, 1987.

# Psychosocial Distress

*The emotional well-being of children is as important as their physical health.*

Although less obvious than a bullet wound, psychosocial trauma to children from war-related experiences can be just as injurious and disabling and can cause even greater suffering. The psychosocial well-being of children deserves far more policy and programme intervention than it is often given.

The facts bear repeating. Children in situations of armed conflict experience severely stressful, terrible events—living in a situation of constant fear, being detained or abused, being separated from family, living in homes in which nurture is not provided, experiencing bombing, seeing parents and family members killed and tortured, having a parent or family member disappear, participating in violent acts, being displaced from home, having school routines and community life disrupted, experiencing absolute destitution and an uncertain future. The list goes on and on.

Such experiences cause hardship and suffering. They forever influence how children perceive the world, how they think about themselves and how they relate to others, just as all significant experiences contribute to one's makeup. It is not a question of whether armed conflict-related experiences have a psychological and social impact on children; that is a given. More specific to the concerns herein, traumatic experiences produce psychological and social distress that may require intervention—from family, friends, resource persons or others—to help avert difficulties. Certainly, this reality is above dispute and is justification enough for intervention.

Commitment to the psychosocial well-being of children in situations of armed conflict provides a clear objective—*that children be protected from psychosocial harm, and that when they are so affected, timely and effective assistance be provided to ensure their psychological and social well-being.*

The fundamental question that faces all parties dedicated to this objective—policy makers, programme implementers and primary caregivers—is this: "What practical actions should be taken to

"Sometimes my daughter or my son would have barely done something wrong, I mean nothing, and I start shouting at them. Screaming. I beat them. Then, I mean my heart, I don't know how, it gets sort of a cramp. I say 'Why did I hit them? Why did I do that?' I start doing my own trial."

—A Lebanese mother
(Bryce 1986, 62)

ensure maximum protection, coping and healthiness and to prevent or minimize distress?" This chapter attempts to provide information helpful to those addressing this question.

In keeping with the nature of this book, only an overview of this complex issue is provided herein. Interested persons are encouraged to explore the many books and articles that exist on this topic. A few special publications are listed at the end of the chapter, and a more complete bibliography is given at the end of the book.

The term "psychosocial", rather than "psychological", is adopted herein because "psychosocial" gives greater recognition of the importance of the social milieu and social processes in psychological well-being. It better reflects current understanding that the psyche of a person is somehow the totality of the mind, emotions, behaviours, physiological makeup and state, as well as social-relatedness.

"Ms. G . . ., whom do you go to, when you feel lonely and want to talk to someone?" With tears rolling down she answers "I have no one, 'Amma' [mother], my sorrows are buried within me, who is there for me?"

—A Sri Lankan widow (Shanmugan 1989, 2)

## International law

Efforts on behalf of the psychosocial needs of children are supported by international consensus, as reflected in international law (see Table 22).

"His hair here is white since then, and since that day he gets scared. . . . Is it that since that day he gets these suffocations? I don't know. He stays like this . . . he doesn't talk to anybody. He doesn't sit while anyone is here. . . . He often sits alone, spaced out. He spaces out a lot."

—A Lebanese mother's description of her 11-year-old son after he was threatened with execution (Bryce 1986, 11)

## Psychosocial Well-being and Distress

Within the mental health field, trauma is defined in various ways, depending upon theoretical assumptions. In this general discussion trauma or distress is conceptualized as an injury or as unmet psychological and social needs. The concept of needs and need fulfilment avoids the misleading connotation of distress as an illness. It constructively focuses on psychological and social processes to which the child and persons in the child's environment attend in regular life.

We may say that to be psychosocially healthy is to have those essential needs met that facilitate normal development, "normal" thought and mental processes, appropriate feeling states, constructive individual behaviours, healthy social interchange, a constructive outlook on life, a positive self-concept and a sound body.

Children's growth and development are organic, integral processes influenced by the environment—whether the child is loved, nurtured and protected.

Traumatic experiences create special needs—for understanding, love, emotional resolution, security, a sense of belonging and a sense of self-worth, for example. Depending on the nature of the traumatic experience, and the many mitigating factors discussed in the following sections, both type and degree of need can vary. Obviously, such experiences as an absence of nurture and care, living with an abusive parent, torture and witnessing the death of parents will be injurious and will create different needs.

Psychosocial distress among children in conflict situations cannot be understood only as the direct consequence of war-related experiences. Other stressful events may more directly signal psychosocial distress. Nor are "well-off" and "traumatized" discrete conditions; children are not one or the other. Children who have experienced severely stressful experiences may cope well in many ways but poorly in others. Many needs may be met; others remain unfulfilled. Each child has strengths and weaknesses.

Table 22
**Articles in International Law Applicable to the Psychosocial Needs of Children**

*"In accordance with their obligations under international humanitarian law to protect the civilian population in armed conflicts, States Parties shall take all feasible measures to ensure protection and care of children who are affected by an armed conflict."*
—Art. 38, 4, UN Convention on the Rights of the Child

*"States Parties shall take all appropriate measures to promote physical and psychological recovery and social re-integration of a child victim of: any form of neglect, exploitation, or abuse; torture or any form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and re-integration shall take place in an environment which fosters the health, self-respect and dignity of the child."*
—Art. 39, UN Convention on the Rights of the Child

*"Children shall be the object of special respect and shall be protected against any form of indecent assault. The Parties to the conflict shall provide them with the care and aid they require, whether because of age or for any other reason."*
—Art. 77, 1, Protocol I, 1977

*"The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enactment of laws for this purpose, the best interests of the child shall be the paramount consideration."*
—Principle 2, Declaration of the Rights of the Child, 1959

*"The child who is physically, mentally or socially handicapped shall be given the special treatment, education and care required by his particular condition."*
—Principle 5, Declaration of the Rights of the Child, 1959

*Psychosocial intervention* for children may be understood as the initiation of actions necessary to ensure that their normal growth and development needs are met and that the special needs and voids created by traumatic experiences are filled to the extent possible. Children can survive traumatic experiences to become healthy individuals. Fulfilled needs facilitate positive growth and development; unmet needs can impair psychological and social well-being. It must also be remembered that filling children's needs is an ongoing process, not a one-time intervention or an on-and-off process.

The signs of psychological strain in children include nervousness, trembling, crying, aggressive behaviour or headaches, anorexia, indigestion, enuresis, soiling, pallor and epistaxis (Bodman 1941, 486).

Protection is also an important aspect of psychosocial intervention and includes both the protection of children from injurious experiences and the protection of the need-fulfilling environment upon which children depend.

In this conception, psychosocial distress is the result of seeking to respond to overwhelming threat, not a sickness to be cured or a mental dysfunction. Specialized mental health interventions may be necessary, even essential, to help fill certain needs. There are many forms of specialized help, including traditional rituals, to protect the psychosocial well-being of children in times of conflict and to help meet the needs of traumatized children.

**The scale of the problem**

There is no consensus as to the scale and severity of psychological and social problems in situations of armed conflict; they, in any case, can be expected to be situation-specific. There is agreement from all who have lived through or have observed the needs of children and their families in such situations that extensive suffering and hardship are common and that this distress is revealed by various signs of stress in children and their caregivers.

In 1941, for example, 8,000 schoolchildren in war-affected Britain were surveyed to assess the incidence of strain following air raids. Some 4 per cent of the children sampled showed signs of strain. (Bodman 1941, 486)

In 1981, 5,250 schoolchildren were surveyed in Northern Ireland to assess emotional adjustment to the hostilities there. The proportion of children rated by teachers as disturbed was just under 9 per cent. (The majority of children rated disturbed were categorized as "anti-social".) Most importantly, this figure was down from

the 15 per cent reported in a similar survey carried out six years earlier. Thus, the number of teacher-rated disturbed children fell during a period of social disturbance. (McWhirter 1983, 8)

A 1982 household study of 5,795 displaced and non-displaced individuals in Lebanon concluded that 8 per cent of the population reported psychological stress symptoms during the conflict. This figure, the authors noted, was in line with cross-cultural epidemiological surveys suggesting that seriously incapacitating mental illnesses are likely to affect at least 1 per cent of any population at any one time, and that other, less severe, forms of emotional disorders may affect as many as 10 per cent of the population. (Hourani et al., 1982, 13)

The coping strengths of people and the means by which they meet basic needs under difficult circumstances are phenomena that deserve more study. Social science research of the typical responses of individuals in difficult circumstances, however, confirms adaptive behaviour and a struggle to meet essential psychological and social needs rather than dysfunction or helplessness.

Obviously, varying types and severities of needs can be expected within any group of children and families in distress. Psychosocial distress includes a wide range of conditions—from needs that are temporary and slight to those that are severe and disabling. As a general conception, the severity of needs might be categorized as "discomforting", "disturbing" and "disabling" (see Table 23). From an intervention perspective, some needs are met through comforting and routine social interactions. More severe distress may require special efforts by parents, friends and the community. For the most severe distress, specialized assistance may be required.

In practice, it is difficult to separate children's psychosocial needs into distinct categories or to easily define which needs are the most serious. Still, it may be useful, even necessary, in policy and programme considerations, to recognize and plan for the fact that within a population of children in a situation of armed conflict a wide range of distress and needs will exist.

This becomes a real and important programme concern in situations where, for example, there are thousands or tens of thousands of children in distress. It is important, therefore, to consider to whom support and services should be directed. Cer-

tainly, it would be difficult to justify using scarce resources to meet discomforting needs, which in any case would likely be met without special intervention. So, too, it may be difficult to justify the use of scarce personnel or resources to benefit a few children at the expense of the suffering of many.

Table 23
**Levels of Psychosocial Needs**

Discomforting psychosocial needs
- minimal psychological needs usually ameliorated through routine social interactions

Disturbing psychosocial needs
- moderate to severe needs for which some type of special intervention would be helpful

Disabling psychosocial needs
- severe needs that may be disabling in the absence of extraordinary intervention

One may assume that the largest number of children in a conflict situation will have discomforting psychosocial needs; that fewer, though still large numbers of children, will have disturbing psychosocial needs; and that children with disabling psychosocial suffering and injuries will constitute the smallest number.

While possibly helpful in the conceptualization of the problem, such rules of thumb cannot be substituted for knowing the facts in each situation. Monitoring, assessments and research are essential.

**Vulnerable children**

Obviously, if special intervention is required to encourage protection of children from injury and to assist those in distress, it is important to know which children are vulnerable and need help. Remembering that intervention efforts must be able to assist any child in need, three categories of children deserve special consideration in monitoring and intervention efforts: children exhibiting distress, victims of exceptionally traumatic experiences and children in unfulfilling or deleterious circumstances (see Table 24).

*Children exhibiting distress.* Signs of psychosocial distress are important warning signals. The effectiveness of assessment and intervention efforts is likely to be determined by the sensitivity with which distress is identified and understood. Commonly, distress signals by children are overlooked or misunderstood.

A broad-based concept of need or distress monitoring is necessary. Dramatic traumas such as torture or severe abuse are more obvious, but children are also distressed by such insidious traumas as the lack of parental nurture and care, living with abusive parents, being separated from family, and family breakups due to the

parents' own traumas. As reported among Afghan refugees, causes of psychosocial stresses include such physical stresses as a long hot season with poor sanitation and insufficient drinking water; lack of educational opportunity; separation from important love objects; anxiety disorders and depressive reactions of parents; and such family stresses as unemployment, family break-up, changes in social hierarchy, absences of fathers, humiliation and lack of respect (Dadfar 1988, 34).

The most common scenario is seldom that of well-adjusted, well-cared-for children suddenly overwhelmed by a singular traumatic war experience, although this has happened. More often children and adults exhibiting distress in conflict situations will have endured a series of hardships and deprivations accentuated by particularly difficult circumstances. For this reason, assessments limited to children who have witnessed particular types of traumatic experiences will almost certainly overlook the majority of children in need.

*Victims of especially traumatic experiences.* As discussed in later sections, while we may assume that severe experiences do not necessarily create disability or pathology, children and adults who have survived such experiences will struggle to cope with the resulting needs and may require special support. A sampling of exceptionally difficult circumstances can be found in Table 24.

*Children in unfulfilling or deleterious circumstances.* Because of their youth, children may not be fully aware that essential health and development needs are not being met or that the situation they are in puts them at risk or is robbing them of their well-being. Adults have the responsibility of judging whether or not situations are suitable for children. Children who do not have the nurturing care of a parent, who are combatants, who are surviving alone on the street, who are not attending school, who are missing the opportunity for normal social interchange, who are being confined to refugee or detention centres or who are participating in activities such as prostitution must be considered to be in situations in which essential psychosocial needs are not likely to be met, situations that harm children.

It is impossible to separate children's needs from family needs. Experience and research confirm this fact. Children's reactions often mirror those of the parent (Freud and Burlingham 1943) or the "nervous climate" around them (Macardle 1949). Persons working

"Psychologists often found it difficult to trace the true origin of some disturbances of a child's mind which followed a violent experience. Emotional maladjustments, unhappy relationships, concealed antipathies and jealousies which a boy or girl might have dealt with successfully in an ordinary environment were often precipitated by . . . a shock". (Macardle 1949, 255)

Table 24
**Children Deserving Special Consideration to Ensure that Psychosocial Needs Are Met**

I. **Children exhibiting distress**. Any children exhibiting difficulties that might be considered "disturbing" or "disabling".

II. **Survivors of exceptionally traumatic experiences**. Children who have been the victims of or who have witnessed exceptionally difficult experiences, including:
- unaccompanied children (children not in the care of their families or primary caregivers)
- children without basic survival necessities, particularly those close to starvation or death
- children forced to kill their parents
- children forcibly recruited into fighting forces or who participated in killing or commiting violent acts
- children forced to witness murder, violent death or torture of their parents, family members or friends
- children who witnessed the beating or intimidation of a parent, close relative or friend
- children who were tortured, raped or beaten
- children who were kidnapped, held hostage or detained
- children who were chased by armed forces
- children who survived shelling, shooting or a bomb at close distance
- children whose home was attacked, shelled or looted
- children of disappeared or kidnapped parents
- children who suffered the death of a parent, sibling or friend.

III. **Children in unfulfilling or deleterious circumstances**. Children who live in situations in which psychological and social needs are unlikely to be met, including:
- children in institutions such as orphanages or residential centres
- children in detention camps or prisons
- children living independently on the streets
- children in non-nurturing or abusive homes.

with children in families of torture victims (*Children's Rehabilitation Center* 1989, 1) and psychosocially distressed refugees (McCallin and Fozzard 1990) have noted that children often share the suffering of parents.

**Indicators of distress**

Every culture has its own unique explanations for, understandings of and expectations of life experiences, including traumatic experiences. What causes stress in one tradition may not cause the same stress in another. Cultural explanations influence how causes of distress are understood, the ways in which events and personal reactions to such events are described, the symptoms and behaviours adopted to respond to stress, as well as preferred treatments.

An anthropological study of children in conflict areas of rural Guatemala, for example, documented that the highland Indian population had very distinct concepts, descriptions and behavioural indicators of psychosocial distress (Zur 1990). Vietnamese, Cambodian and H'mong (Lao) people have different conceptions of psychosocial distress, a unique explanation for difficulties experienced and different preferred treatments.

These examples reflect a universal reality that trauma, indicators of distress and need-fulfilling measures must be understood within a cultural context. Cultural variations in these primal concerns, often poorly understood by outsiders, should be cause for caution about the possible inappropriateness of cross-cultural assumptions about psychosocial needs and the cross-cultural use of psychological testing instruments or standardized behavioural indicators without validation.

Children express their strengths and coping skills, aspirations, disappointments, weaknesses and needs through a variety of overt and subtle communications. As a general framework for analysis it is helpful to recognize that children process experience through thoughts and mental processes, feeling states, individual behaviour, social interchange and physiological functioning. Each of these is culturally influenced and must be interpreted within that context. Age and developmental stage are also prime determinants of how children communicate. Common indicators of distress in children are listed in Table 25.

*Thoughts and mental processes* refer to what is expressed when children talk, think and dream. In understanding the needs of children, nothing is more important than hearing them describe their perceptions of their situation, their coping strengths and their needs. Even young children can be insightful. Intervention programmes often err by not listening more closely to the children themselves.

Table 25
**Common Distress Signs in Children**

**Thoughts and Feeling States**
- ashamed of being alive
- no wish to live
- inordinate guilt
- pessimistic outlook
- inability to concentrate
- nightmares
- flashbacks
- uncharacteristic fearfulness
- depression
- sadness for an extended time
- generalized anxiety
- panic attacks
- irritability
- flat display of emotions
- fears of the commonplace
- fears of separation

**Individual Behaviour**
- hyperactivity
- nervous tics
- overdependence
- easily startled
- easily moved to tears
- withdrawal
- sleeping difficulties
- regressive behaviours
- thumb sucking and bed wetting
- repetitively describing or re-enacting a trauma
- uncharacteristic avoidance of talking about a trauma

**Social Interchange**
- social isolation
- increased aggressive behaviour
- defiance and rebelliousness
- excessive clinging

**Physiological Functioning**
- headaches
- psychosomatic complaints
- weight loss
- failure to thrive
- loss of energy
- no appetite

Note: Distress signs vary among cultures.

Sometimes, stressful experiences create overwhelming needs for children. Their struggle to cope is reflected in their thoughts and mental processes. Incessant and repetitive talk about traumatic experiences, for example, sometimes indicates that a child's thought process is so dominated by an experience that other aspects of life are crowded out. Nightmares and night terrors may also reflect subconscious coping attempts or processes. In extreme cases, children may exhibit severe confusion, hallucinations or dysfunctional reactions.

Both coping and suffering are displayed by the appropriateness and normality of the emotional *feeling states* of children. Healthy coping may be exhibited through a positive self-image, self-confidence and a positive view of the future. Unfulfilled needs may be exhibited through such feeling states as perpetual anger, fear, depression or a "flat" emotional affect. Unresolved needs are sometimes revealed by the persistence of normal feeling states, such

as sadness for an uncharacteristic period of time. In more severe cases, children may show emotional disorganization or exhibit feelings uncharacteristically, acutely and profoundly.

*Individual behaviour* is obviously another important indicator of coping strengths and unfulfilled needs. Appropriate and constructive personal behaviours of children may indicate well-being. Regressive actions inappropriate for the age of the child, such as bed wetting and soiling, head banging or other forms of self-injury, uncharacteristic daydreaming or inability to concentrate, refusing to eat or eating excessively, may indicate important unfulfilled psychosocial needs.

*Social interchange* is also an important indicator of well-being and trauma. Social behaviours appropriate for the child's age and situation may reflect a coping child. Social behaviours such as constant hostility to others, bullying, withdrawal from social relationships or even excessive obedience may indicate unfulfilled needs.

*Physiological functioning* sometimes reflects the state of psychosocial well-being. Small children whose psychological and social needs are unfulfilled sometimes fail to grow, or even die, as a result of a condition labelled "failure to thrive". Older children, like adults, may have physical complaints or develop physical illnesses for which no physiological basis can be found.

Not all injuries and suffering are overt and obvious. Some children do not openly exhibit what they are thinking or feeling. Their injury remains hidden. Loneliness, fear, guilt, sadness, distrust of people, a negative view of the future, anger and a desire for revenge may not be shared. Confusion about the cause and meaning of events may influence life decisions without being recognized. Children with pervasive thoughts of death may not realize their abnormality. Children may suffer and cope at the same time.

Experience and research confirm that some stress symptoms are short-lived and disappear "spontaneously" after some weeks or months (Bodman 1944; McWhirter 1983). But Macardle, writing about children affected by war in Europe, noted that adults who rejoiced to see children apparently ridding themselves of neurotic troubles learned to be cautious about relying on the completeness of the cure, for appeased fears would later flare up, terrible memories would return and certain noises would bring on agitation (Macardle 1949). Others

since have observed that past traumatic stress responses may not be evident during calm periods, only to emerge when the person is again stressed or reminded in some way of the experience.

Psychosocial response to trauma may be delayed for weeks, months or years. Children may not simply outgrow unfulfilled needs but may carry them into adulthood. An acute reaction (to a loud noise or stressful circumstance) may allow a view into a still-painful or unresolved experience of an otherwise apparently well-functioning child.

There appear to be considerable differences of opinion as to the meaning of symptoms and adaptive behaviours taken by distressed individuals. A position taken by many in the mental health field is that exhibited emotional responses to traumatic experiences are "normal" or understandable responses to "abnormal" situations. This stance has been helpful for the recovery of traumatized people, because it does not put them in a "sick" role, and it implies that they have the emotional resources to return to normal functioning.

Attempts to categorize and describe patterns of distress of people who have experienced traumatic events has led to the formulation of the post-traumatic stress disorder diagnostic category (American Psychiatric Association, 1980; World Health Organization, 1989). Additional studies have further refined the diagnostic categories for children. Post-traumatic stress disorder is but one of various possible reactions of children.

There remain differences of opinion, however, about the validity of the post-traumatic stress disorder diagnostic category for children in different cultures because the stress criteria do not allow for cultural differences (Krener and Sabin, 1985) and because it may inadequately consider the impact of sustained stresses such as repression. Furthermore, there is much more to be known about children's needs, the causes of distress and mitigating influences.

The goal is not to treat the symptoms of distress or label persons with distress, but to meet the underlying needs. Indicators of distress are best understood as a gauge of the success of the need-fulfilling environment.

**Factors that influence resilience and recovery**

The factors that influence children's vulnerability to psychosocial trauma as well as children's sources of strength and recovery are topics of importance to policy makers and programme implementers, for they provide a "map" of the most likely intervention points to ensure the psychosocial well-being of children.

Deciphering the impact of stressful experiences on children is complicated by the fact that horrible experiences do not cause equal trauma to all children who suffer them. Some children are disabled by a seemingly minor stressful experience, while others show extraordinary resilience in the face of the most horrendous life experiences. There is much to learn about why some children seem to be resilient to trauma and why others are so vulnerable; why a child may seem well-adjusted after a stressful event, only to suffer negative effects years later; or how circumstances or other factors can "buffer" stressful events.

In an attempt to decipher the vast literature about psychosocial trauma of children, the factors that influence children's response to stressful events can be grouped into eight categories: predisposing factors, developmental stage, characteristics of the traumatic experience, family support, social relationships, perceptions, physical condition and psychological resolution (see Table 26). These factors also reflect possible intervention points to assure psychosocial well-being.

**Predisposing factors.** At least five predisposing factors influence children's response to trauma—disposition, nurturant strength, past experiences, gender and cultural conditioning. *Disposition* means the genetically determined personality structure. As every parent knows, from birth some children are frail, while others are strong; some are fearful, others fearless; some more self-determined than others. *Nurturant strength* is that psychosocial inner resilience that older children who have been provided care and nurture as infants and young children may possess. Research suggests that children who have the benefit of nurturing care as young children draw upon that experience and respond better in adversity than children who have not benefited from such care. *Past experi-*

*ences* are a predisposing factor, for like adults, children respond to new experiences in part on the basis of previous experiences. *Gender* is suggested as a predisposing factor because studies confirm that girls and boys often react and exhibit their states of being differently.

A fifth, and important, predisposing factor is *cultural conditioning*. As discussed above, some attributes of children are universal, but important group and individual distinctions exist as well, since societies tend to teach and reward differing behaviours.

**Developmental stage.** Children's response to traumatic events is significantly determined by their age and developmental stage. The youngest express distress through such overt behaviours as crying or dependency, or, quietly, through wasting, apathy and death. Young children react principally to the responses of those caring for them. Around the age of six, children become more discriminating but lack a full understanding of events or circumstances. They often exhibit a sense of fun and find enjoyment in games that mirror what they see and imagine. At about adolescence the level of understanding and sense of responsibility increases.

The differences reflected by age are apparent in distress profiles. For example, in a population-based survey of psychological stress and displacement during war in Lebanon, the highest concentration of distress symptoms reported were from persons aged 14 and older, followed by children 10 years and younger. The group reporting the fewest symptoms were the pre-teens and early adolescents (Hourani et al. 1982). Other studies have noted the vulnerability of children younger than 10 years. Each developmental age has its own vulnerabilities and ways of exhibiting distress.

Understanding children's needs at each developmental age and their age-specific capabilities to communicate well-being and difficulties are central to effective intervention efforts.

**Characteristics of the traumatic experience.** Children are influenced by the nature and attributes of stressful experiences, including their severity, distribution, aggregation, onset, duration, predictability and explainability. Victim position and degree of threat are also important variables.

The *nature* of stressful experiences is important, for traumatic events may be experienced in many ways—as specific very severe incidents, such as bombardment, loss of loved ones or witnessing violent acts; or the slow insidious traumas of displacement, extreme poverty, disruption of social support systems and pervasive fear.

The *severity* of a stressful event can vary from minor inconvenience to life-shattering alteration. The severity of a stressful incident is not a complete predictor of trauma, but generally, the greater the severity, the more a child will suffer and the more difficult it will be to meet the needs created.

*Distribution* is the number of traumatic experiences a child has. Children commonly experience not just one trauma but a series of traumas. McCallin and Fozzard, in their research on the impact of traumatic events on the psychological well-being of women and children, found that those women who had experienced multiple traumatic experiences had the most difficulties with everyday life, and that the more traumatic events experienced by children, the higher the stress-related behaviour (McCallin and Fozzard 1990).

Table 26
**Factors That Influence Children's Resilience to Traumatic Experiences**

**Predisposing factors**
- disposition
- nurturant strength
- past experiences
- gender
- cultural conditioning

**Developmental stage**

**Characteristics of the traumatic experience**
- nature
- severity
- distribution
- aggregation
- onset
- duration
- predictability
- explainability
- victim position
- nature of threat

**Perceptions**
- of the experience
- of family response
- of peer response
- of societal response

**Family support**
- intactness
- nurturant support/love
- subsistence sufficiency

**Social relatedness**
- social connectedness
- social support
- social continuity
- service continuity
- religious belief/practice

**Physical condition**
- health status

**Psychological resolution**
- understanding
- emotional processing
- coping techniques

"Soldiers often break down, not because of the fighting or danger, but because of the accumulation of petty suffering—exhaustion, dirt, cold, vermin and hunger".
—WWI observation
(Schmideberg 1942, 149)

Although some children who had experienced severely traumatic events showed little stress, generally, the greater number of traumatic events experienced, the higher the stress-related behaviours (McCallin and Fozzard 1990).

*Aggregation* refers to the extent to which a traumatic experience is shared by others. For some children commonly shared experiences may be less traumatic than experiences they suffer alone or with a few of their acquaintances.

The speed of *onset* of a stressful event is another variable likely to affect psychosocial response, for children, like adults, are likely to cope better with events with a slower onset than with a rapid onset, for which there is little time to anticipate, assimilate and prepare.

The *duration* of a stressful experience—brief or protracted—is also an important factor. In some long-term crisis situations, initial coping strength is eroded and distress increases with time. In the sixth year after the Afghan refugee influx into Pakistan began, for example, an increase of psychologically distressed persons was reported (Dupree 1988). However, the opposite may also occur. Circumstances that are initially distressing can with time become routine and commonplace.

The *predictability* of an experience affects the psychosocial response of children, as is reflected by the seeming nonchalance of children to fighting, bombing and death after these activities become routine parts of life. Predictable events are easier to respond to than those that appear random or unpredictable.

The *explainability*, or understanding, of traumatic events is an important variable influencing the psychosocial well-being of children. An objective and subjective understanding of a stressful experience is necessary for well-being. Facts are important.

*Victim position* in a traumatic event is an important variable, for children's responses may differ depending upon whether they were personally targeted, secondary victims or simply observers.

It should also be noted that the *perception of threat* can itself be traumatic and influential in shaping well-being. Research confirms, for example, that for children the threat of being separated from people they hold dear is even more frightening than threats to physical safety. It is well known that repression based on fear and terror creates psychosocial distress.

Clearly, a major goal on behalf of the psychosocial well-being of children in situations of armed conflict is to eliminate the cause of the traumatic or stressful experience. Children who are starving, ill or separated from loved ones, or who live with the threat of abuse,

torture or imprisonment, can hardly be expected to fully overcome the trauma of such experiences before conditions for well-being and healing improve.

While in many conflict situations it is extremely difficult to ensure a safe and healthy environment, every effort must be made to eliminate the traumatizing experiences, not simply to help children cope with them. Psychologists in Central America have suggested that there is an inseparable link between mental health and human rights, for example. Where traumatic experiences cannot be eliminated, every effort must be made to minimize their disruptive and destructive effects on the psychosocial well-being of children and their families.

**Family support.** In virtually all cultures, the family remains the principal protector of and provider for children. Familial factors that influence psychosocial response to traumatic events include intactness, nurturing support and subsistence sufficiency.

The *intactness* of a family—whether the family unit is complete, a member is missing or a child is separated from the family—is a critical factor in children's psychosocial response to stressful experiences. An intact family provides the best defense for children. A missing family member—whether that person is away as a combatant, prisoner, missing person or labourer—can deeply affect a child's psychosocial well-being. Anna Freud and Dorothy Burlingham's summary observation remains central:

> The war acquires comparatively little significance for children so long as it only threatens their lives, disturbs their material comfort or cuts their food rations. It becomes enormously significant the moment it breaks up family life and uproots the first emotional attachments of the child within the family group. (Freud and Burlingham 1943, 67)

More than one clinician in the early studies noted that separation from parents was an important factor in trauma, even more distressing to children than the war activities themselves (Burbury 1941; Bodman 1944). And war actions such as air raids and bombings were observed to have had more of a negative impact when they were combined with parental loss (Freud and Burlingham 1943).

In a study of 40 Khmer students exhibiting difficulties related to severe traumatic experiences, not living with a nuclear family member proved to be a predictor of major distress. Students having contact with surviving families did better than those without. (Kinzie et al. 1986)

"To feel secure in his place within the family group has once again been proven to be the child's best protection against ill effects from all misadventure. The loss of that security is disastrous, no matter from what cause it may arise—whether the loss comes from physical separation or through mental conflicts or anxieties arising within the home". (Macardle 1949, 254)

The extent to which adult caregivers provide love and *nurturing support* to children is one of the most important variables related to the psychosocial response of children. The psychosocial functioning of children cannot be understood without reference to the continuing interaction between a child and the caregiver; a continuing abusive relationship between a child and parents (or surrogates) contributes to disturbed behaviour in the child.

Nurturing support of children is certainly affected by the circumstances and psychosocial condition of parents. Displacement, torture, destitution, joblessness, loss of or missing family members and hopelessness commonly result in increased family abuse, alcoholism and family disintegration. The well-being of parents definitely affects the well-being of children.

*Subsistence sufficiency* is an important factor in family support of children. Destitute families that face great difficulties meeting subsistence needs may also have great difficulty providing nurturing care to their children. Some families feel forced to choose which children will survive the realistic limitations of resources. Just as hungry children have difficulty concentrating on school tasks, the psychosocial well-being of a family is linked to its subsistence sufficiency. Without assistance, widows, widowers, abandoned spouses, spouses of missing persons and other single heads of households often have severe difficulty in surviving and providing for their children.

**Social relatedness.** The social milieu of a child and family influences psychosocial response to traumatic experiences and recovery. When families face special difficulties in protecting or providing for the needs of children, the assistance of relatives, neighbours and friends is sought. Confidantes are consulted. The difficulties are discussed and possible courses of actions considered.

Persons perceived to have special skills, such as elders, religious leaders, teachers and medical authorities, are consulted and best judgements offered. Time-honoured traditions used to deal with similar problems are employed. Assistance is rendered, ceremonies are performed, prayers are offered and healing sessions are organized. These many sources of help constitute a community assistance network that is critical to the protection and the need fulfilment of children.

War commonly disrupts the social assistance network that might during peaceful times have been drawn upon by families. Diminished resources, instability, restrictions, fear and intimidation can hamper mutual support. Also, the extent of needs may simply exceed the capacity of local efforts. Moreover, some needs may be of a different nature from needs the family or community have had previous experience with, such as effects of violent deaths, torture, the disappearance of parents or displacement. Although damaged and weakened, the rudiments of the social system are always there to be strengthened.

The disruptions from the conflicts in Uganda had a disastrous impact on the traditional village and family self-help and mutual support systems developed through the centuries (Dodge and Raundalen 1987).

Social factors that affect the impact of and recovery from stressful experiences include social connectedness, social support, social continuity, service continuity and religious practice.

*Social connectedness* is the network of support—friends, acquaintances and agencies—that includes children and their families. Social connectedness is important because a person's psychological well-being is intimately linked to the opportunity to live in a milieu of meaningful social relationships. Psychological well-being in large measure depends upon the emergence of a social support system, a social network, around vulnerable children and their families. Social isolation is debilitating. Often it is not so much the war that is the principal stressor, but rather the losses of social networks and the meaning of the suffering in the social context (International Catholic Child Bureau 1987, 43, citing Eisenbruch).

A second critical factor of social connectedness is opportunity for active social participation in ways that strengthen self-esteem and sense of empowerment. Bettelheim, commenting on concentration camp observations, suggested that self-respect constituted the worthiest defense mechanism (cited in Kordon et al. 1988, 52).

*Social support* is the help provided by persons within the social environment. Whether it is sharing scarce food, collaboration in mutual protection or the help that comes from continuous exchange of ideas and empathetic understanding of a friend, social support constitutes a most important dynamic in psychosocial well-being and in recovery from traumatic experiences. Social support is reciprocal. An important aspect of well-being, particularly during and after traumatic experiences, is opportunity to assist others.

Mental health professionals in Argentina observed that persons suffering from the loss of family members benefited significantly

when they assumed an active attitude towards the trauma—establishing contact with other persons in the same situation, establishing mutual aid groups to address the situation and their respective needs. Baker reported that active participation of Palestinian children in the *intifada* resistance movement in the West Bank and Gaza Strip enhanced a child's self-esteem and mitigated the development of pathological symptoms (Baker 1990).

*Social and cultural continuity* is important because humans need and depend upon continuity in their social relationships, social exchange patterns and cultural traditions for psychosocial well-being. Well-being is influenced by the opportunity to maintain or re-establish normal social exchange, continue usual role fulfilment, participate in community activities and practice desired traditions and ceremonies. Children depend on knowing social rules and rituals and experiencing stability in their environment.

*Service continuity* is important for public services—such as schools and clinics—and provides both services and the social support that is gained by participation. Particularly during stressful times, service continuity is a priority and often is the rallying point for collective action.

The *practice of preferred religion* is important to psychosocial well-being and recovery in difficult times, for it is a source of comfort and can provide meaning and purpose.

**Perceptions.** It is important to remember that children perceive and experience events differently than adults. Often perception is more influential than fact. In this regard research confirms that another category of factors that affect the psychosocial response of children to traumatic experiences are their perceptions of events and of the responses of others—family, peers and society at large.

Children's *perceptions of their role and actions* in difficult circumstances influence psychosocial well-being. Children who ascribe traumatic meanings to particular events may require special help, as may, for example, children who believe they failed to protect parents from harm or children who have been the object or perpetrator of moral transgressions.

Children's *perceptions of their family's response* are important because the family plays a key role in helping children define,

understand and cope with life experiences. Children are influenced not only by family members' responses to events but, even more importantly, by perceptions of their responses to personal needs.

As children grow into adolescents and young adults, their *perceptions of peer response* become increasingly important, for peer response contributes in many ways to a child's definition of her or his own state of being.

Psychosocial response is also influenced by children's *perceptions of societal response.* In some situations participating in or surviving a traumatic experience is given high social value, and strong social support is provided. In other situations such experiences are not recognized or supported socially. Perception of societal response influences the sense of purpose, self-worth and destiny of children.

**Physical condition**. The psychosocial response of children is influenced by physical health status. Children who are already weakened by deprivation, illness or injury have less chance of surviving and may weather traumatic experiences more poorly than stronger, healthier children. Severe malnutrition can have life-long developmental impacts. The need for timely intervention is reflected by the fact that the weakest children are usually the first victims.

**Psychological resolution**. Lastly, an important category of factors is related to what may be called "psychological resolution". Mental health and psychosocial well-being are dependent upon psychological processes that enable individuals to psychologically and emotionally integrate events into their lives. In an attempt to understand psychological resolution we may characterize it as a process involving three components: subjective understanding, emotional processing and coping techniques.

*Understanding* of traumatic experiences is an important aspect of psychosocial well-being. Some cultures are more direct in confronting and dealing with traumatic experiences than others (Augsburger 1986), and each explains and responds to them differently, but an appropriate understanding of experiences seems to be an essential component of well-being for all children. Conversely, children who cannot ascribe meaning or have a distorted understanding of a situation and of their own circumstances cope poorly.

Afghan mental health specialists established a counseling centre in Peshawar for the refugee camps on the Afghan border to assist torture victims and other persons exhibiting psychosocial distress.

In Zimbabwe the *n'anga*, or traditional healers, perform ritual cleansing and healing ceremonies for children who participated in or have been traumatized by armed conflict.

In the Khmer displaced persons camps in Thailand, traditional healers using traditional medicines and treatments were given supplies and integrated into the camp health services. Their services were particularly sought for such complaints as sadness, anxiety, fatigue, insomnia and anorexia.

One of the most common means of developing understanding is through talking about experiences with empathetic listeners or, for younger children, through play and symbolic acts. "Making sense" of the experience helps empower an individual, and helps clarify cause, sequence, effect and the role of the victim in these experiences. When children do not understand what has happened to them or when what they imagine to have been the cause of the experience is distorted or incomplete, they often operate on false assumptions. Diffuse anxieties linger, and the children function poorly.

*Emotional processing* is important for psychological well-being because it relates to how children deal with their feelings. This process, too, is culturally defined, as is reflected in the various ways people in different cultures grieve or show anger, happiness, sadness and fear, for example. However, children everywhere seem to benefit from opportunities to explore and express feelings in culturally appropriate and timely ways.

*Coping techniques*, which constitute the third aspect of psychological resolution, are the adaptive ways children have of dealing with stressful experiences and associated emotions. Constructive coping techniques help children manage their feelings and reactions, while destructive coping techniques can accentuate their difficulties. Coping techniques that increase a sense of self-worth, empowerment and hopefulness are most important.

Although the concept may be somewhat of a simplification, understanding psychological resolution as coming to an appropriate understanding of one's situation, processing and accepting related emotional feelings, and developing adaptive coping techniques is helpful because it attempts to identify the essence of what is to be encouraged for psychological well-being. These three goals can be, and are, achieved through many forms of intervention. It is not the form of the intervention that is important but the actualization of psychological resolution.

Counselling and various child therapy techniques are popular interventions for psychological resolution in many countries. Where such interventions are commonly used, desired and assisted by competent people, they can be helpful. However, counselling and therapy are not the most important, usual or practical means of achieving psychological resolution in all situations.

Psychological resolution is a process that occurs predominantly in the interchange between people in the normal course of living and in their efforts to address special problems that arise. Parents and family members play the central role in psychological resolution for children. Life events are processed, feelings are expressed, coping techniques are taught and developed within the family. Adult family members best know their children, their state of being, their questions and difficulties. No intervention for psychological resolution is likely to be more important than supporting and strengthening families in their efforts to facilitate psychological resolution for their children.

Families are supported in these efforts by all the parties that make up the social support system—friends, religious leaders, confidantes, teachers and other community resource persons—that interacts with the children directly or provides support to the family. These parties contribute to psychological resolution not by replacing the primary role of the family in this process but by contributing to understanding, emotional processing and the development of coping techniques.

Traditional ceremonies, consultations, treatments and religious practices can be effective avenues to psychological resolution, analyzed from the perspective of the extent to which they facilitate understanding or acceptance of an experience, emotional processing and the development of psychological coping techniques. At no time are children and their caregivers more likely to require and benefit from the need-fulfilling interventions that are meaningful and helpful in their traditions and beliefs than during and after traumatic experiences.

Mental health professionals can provide invaluable assistance in the process of psychological resolution. In particular, insights and suggestions to families and community resource people who are interacting with children and families can make a valuable contribution. To the extent to which it is appropriate and feasible, specialized assistance to those persons with disabling needs may be useful.

In summary, the absence or presence of the conditions that make up the above-mentioned factors are like two sides of a coin: their presence enhances psychosocial protection, need fulfilment and well-being, and their absence prevents the psychosocial needs of children

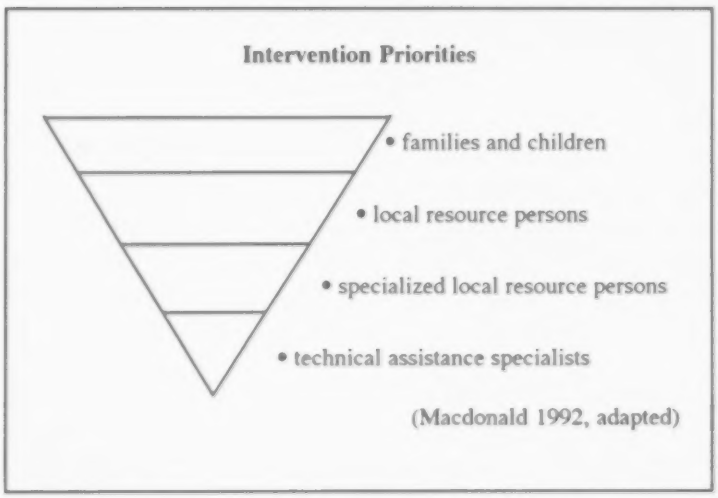
In Sri Lanka, folk rituals used to heal psychological disorders resulting from armed conflict include the ritual *bali-thovil*, which involves all-night fire and mask dances accompanied by the beating of the drum, and others that include the chanting of stanzas and verses followed by the cutting of limes and the tying of threads.

Special school programmes were established to attract and assist in the re-integration of Nicaraguan children who had been combatants.

Among Afghans, psychosocial complaints are often explained as resulting from *jinn* (spirits), and traditional treatments include visiting shrines and family-reinforcing celebrations.

from being met. An intact family is more likely to protect and ensure that psychosocial needs are met; separation of family members is likely to create distress. Nurture and caring within the family are likely to protect children and meet their psychosocial needs; an absence of nurture is likely to create distress. Social relatedness and social support are likely to protect and contribute importantly to resolving the psychosocial needs; social disintegration and lack of mutual support are likely to contribute to and increase families' difficulties in meeting the psychosocial needs of their children. Active participation in need fulfilment is likely to fill needs and mitigate trauma; isolation and disenfranchisement are likely to handicap.

While predisposing factors and developmental stages cannot be altered, children can be protected from harmful experiences and the impacts of stressful experiences can be reduced; family support for children can be fostered; social relatedness can be enhanced; perceptions of stressful experiences can be influenced by positive action; physical health can be assured; and constructive helping actions can facilitate psychological resolution. A review of efforts being undertaken to meet the psychosocial needs of children in conflict situations confirms that a variety of strategies are being implemented.




Conceptually, intervention to protect and to meet the psychosocial needs of children in situations of armed conflict may be visualized as an inverted pyramid. The predominant actions will be taken by families and children. They are supported by a broad base of local community resource persons who offer assistance, usually on a personalized basis—friends, neighbours and confidantes, for example. Within any community there will be a smaller group of more specialized local resource persons—local healers, religious leaders, community leaders, clinic staff, teachers and trained helpers—whose help and advice may be sought and who may contribute

in important ways to the well-being of community children. At the bottom are the few technical assistance specialists in the field of psychosocial distress. Each contributes uniquely.

## Programme Strategies

The following programme strategies were drawn from a review of efforts being implemented in conflict-affected countries around the world to meet the psychosocial needs of children and their families.

### Know the facts

Effective intervention is predicated on knowing the facts. In many situations policy makers and programme implementers are unaware of the psychosocial needs of children. Systematic efforts to document and report the facts are an important aspect of generating responses to meet related needs. The greater the credibility, the more useful the information.

Assessing psychosocial needs requires information on current realities. It is essential to understand the nature of conflict, the cause of fears and hardships experienced by children and their families. We must know facts about children at risk and possible preventive and mitigation measures. We must recognize existing family and community resources and what they are doing to meet children's needs. We must assess required emergency response measures, readiness measures that would ensure an effective emergency response and measures required to facilitate rehabilitation and recovery. Broad assessment questions are suggested in Table 27.

It is essential to understand local cultures and traditions, including traditional ways of dealing with stress. It is important to know what resources exist and what actions are being taken to meet the psychosocial needs of children. One-time or occasional assessments can be useful particularly for reviews, for overall status determination and as prefaces to major policy decisions. Every effort should be made to include assessments of psychosocial needs of children in assessments carried out for other reasons. Simple assessments are not substitutes for ongoing monitoring of needs.

In Sri Lanka, as part of an effort to enhance a community sense of well-being after a massacre in a village, encouragement and material assistance were provided to survivors to facilitate their remaining rather than fleeing the area; the construction of a school building and support of programmes for children served as community rallying points. For the same village, it was recommended that the crumbling houses of massacred families and their mass grave be cleaned of encroaching jungle, that flowering trees be planted and that the area be converted to a public area. (UNICEF Sri Lanka)

## Monitor risk

It is possible to monitor psychosocial needs by establishing systems through which indicators of psychosocial well-being and distress are reported. Determining and understanding psychosocial needs requires special listening skills and opportunities to listen and observe children , parents, caregivers and others who have frequent contact with and know the children.

Monitoring systems of psychosocial concerns can be built into many services that families and children use, including clinic visits and nutrition or training programmes, for example. For the very youngest children "road-to-health" clinic immunization records are being expanded in some countries to include developmental milestones. The monitoring of schoolchildren showing distress symptoms is practical for those attending school.

Monitoring children's needs in situations considered unfulfilling or deleterious may include, for example, monitoring psychosocial conditions of children in institutions, monitoring the special needs of single-parent families and monitoring the needs of children in homes in which children are receiving poor care.

It is worth noting that monitoring must not be an end in itself. Monitoring is only as useful as the corrective response generated.

## Preventive actions

What measures are required to ensure that children receive essential care and nurture for normal psychosocial development and that children are not traumatized? Many of the measures required for the prevention of trauma are similar to those required to meet emergency psychosocial needs.

**Advocate.** Public and private advocacy are essential to prevent the abuse of family and individual rights causing psychosocial distress. The concept of children as a zone of peace includes protecting children from psychological and social harm. Specific advocacy measures will always be situation-specific and most effective if related to local harmful threats to children's well-being.

**Enhance the nurture and care of children.** In conflict situations the familial and social environments on which children

depend for normal growth and development are always at risk. Ensuring that children continue to receive care and nurture is a preventive measure against trauma.

**Strive to prevent traumatizing experiences.** A proactive stance is necessary to prevent those events and circumstances that cause psychosocial distress. For some types of traumatic experiences, prevention requires social mobilization to call into question military tactics, treatment of civilians or refugee policies. Sometimes the need is at the policy level—evacuation policies, food policies, housing and shelter arrangements, employment opportunities or school policies. Preventing traumatizing experiences also requires efforts at the community and family levels.

## Emergency response

When distress or psychosocial needs are evident, what emergency assistance would contribute to the enhanced ability of parents and community resource persons to meet those needs? Conceptually, emergency response to the psychosocial needs of children and their families may be required whenever children are not receiving nurture and care essential for growth and development at the time of particularly stressful incidents and whenever distress or deprivation are evident. Emergency response for psychosocial needs may require intervention to address the cause of the distress, physical needs, psychological needs and social needs.

Various emergency responses to meet the psychosocial needs of children and their families in situations of armed conflict around the world are summarized as follows.

**Address the cause of distress.** Psychosocial distress is often the direct consequence of social ills, circumstances, conditions or events that deserve to be addressed—untenable living conditions, disintegration of the family unit, torture, children separated from their families, systems causing people to disappear, killings, extreme poverty, abusive family relationships and so forth. An important aspect of addressing the psychosocial needs of affected children and their families is the implementation of emergency measures that address the causes of distress. There is no substitute

for food when hunger is present. Depending upon the cause of distress, quite different measures may be required—advocacy, referral, counselling, training, creation of employment opportunities, social mobilization, a change in laws or policies. In Khmer holding centres in Thailand, for example, in an attempt to address the diverse types and causes of psychosocial distress, a range of integrated services provided gratuitous relief aid for families in special circumstances of need, employment-generation schemes, a social work extension programme and traditional counselling and referral services.

Many child- and family-specific problems are caused by the problem of armed conflict itself. Addressing the cause of psychosocial problems also may include addressing the issue of the conflict. Intensifying hatreds is not the answer. Hate can empower, be an activating force, give purpose and frame. But unless it is possible to go beyond hatred to more positive conflict resolution, hatred festers and corrodes the spirit.

**Promote family care and protection of children.** Enhancing family efforts for children is unquestionably the most important intervention focus. The existence of children in need confirms that some families are unable to fully protect and provide for their children. Experience confirms that parents may require assistance to deal with their own needs before they are fully able to meet the needs of their children (as is true of all potential helpers).

To strengthen family care and protection is to provide whatever support is required by parents or adult caregivers to enable them to provide for their children age-appropriate care that facilitates normal growth and development; all possible protection from experiences believed injurious to their physical, social, cultural and psychological well-being; and nurture and care for special needs created by traumatic experiences.

A family-oriented intervention approach, for example, supports measures that enable families to meet usual psychosocial needs of children as well as children's special psychological and social needs after traumatic experiences. It strives to enable families to protect children whose lives are threatened or who are vulnerable to abuse, torture, imprisonment or recruitment and to enable families to meet

the special needs of children after such experiences. It strives to assist families to prevent family disintegration and facilitates reunification or reconstitution.

Enhancing parents' abilities to protect and provide for their children is important not only for children but also for the parents themselves. In virtually every conflict situation—in Africa, Asia, Europe and the Americas—interviews with parents of war-affected children confirm deep parental suffering when they are unable to protect and adequately provide for their children.

Discussion of problems is fundamental to the process of addressing needs; for both children and adults, discussion facilitates efforts to understand, plan, react and emotionally process. High priority should be given to providing support that will help parents and caregivers to better understand and be able to meet the psychological and social needs of their children, giving emphasis to the concerns and problems of parents and caregivers.

Most important for children are the discussions that occur in the home. Culturally appropriate suggestions to parents concerning ways to stimulate constructive discussions with children about circumstances, psychosocial difficulties and coping strategies can be helpful. Suggestions that enhance parental skills in listening to children's responses can be helpful to adults and children alike.

**Address concerns of parents.** As stated in an earlier section, the typical response to crisis is adaptation. Parents struggle to meet their needs and the needs of their children; a part of that struggle is the search for information, particularly about psychosocial needs. In virtually every assessment of the needs of children in situations of armed conflict—in Argentina, Chile, Lebanon, Mozambique, Nicaragua and Somalia—parents are openly searching for answers to problems.

Common concerns include these: What additional measures can be taken to protect the children? What should be told or hidden from the children (e.g., when should one tell children that a parent is missing)? What help should be offered to children who have witnessed or who have been victims of horrible experiences? What should be done if children are fearful, exhibit social problems, have disturbing nightmares, seem depressed or are exhibiting other distress signs?

Table 27
**Suggested Assessment Questions—Psychosocial Distress**

Facts
- Are children being provided protection, care and nurture to meet essential psychological and social needs for normal growth and development and for any special needs created by traumatic experiences?
- Which children have unfulfilled psychological and social needs that deserve special consideration?
- What deprivations, circumstances or experiences are causing these needs?
- What resources exist and what efforts are being made by the children, their caregivers and community resource persons to meet these needs?

Risk
- Which children are at risk of not having essential psychological and social needs met, are in deleterious circumstances or are likely to experience traumatic events affecting their psychosocial well-being?

Prevention
- What measures are required to ensure that children receive essential care and nurture for normal psychosocial development and to prevent or minimize possible psychosocial trauma?

Response
- At the time of a traumatic event or psychosocial distress, what special psychological and social needs are affected children and their families likely to have?
- What emergency assistance would contribute to the ability of parents and community resource persons to meet those needs?

Preparedness
- What advance measures might be taken by families and other interveners that would ensure the effectiveness of assistance measures at the time of emergency need?

Rehabilitation
- After a traumatic experience or incident of distress, what short-term measures might facilitate the coping of affected children and their families?

Recovery
- What measures are required to facilitate healthy psychological and social recovery of children who have survived traumatic experiences?

**Establish mutual aid groups.** Experience repeatedly demonstrates that the formation of mutual aid groups helps enhance psychosocial well-being. Such groups may include women's and men's associations, associations of widows, associations for the families of missing persons, groups of families having children with similar psychosocial difficulties, associations of Holocaust survivors, groups of refugees and groups of parents of children who have been tortured, to name a few examples. Mutual aid groups for children themselves are sometimes beneficial. Mutual aid groups provide the opportunity for people in similar circumstances or with similar needs to share experiences, discuss and analyze problems and support collaborative action.

Caution is required in the formation of groups, however, for in some conflict situations participation in a group can create security risks or carry a social stigma. In Argentina mental health workers helping children of missing parents believed it was not to the children's benefit to organize a group because of likely social ostracization (Kordon et al. 1988). Formation of special groups for children can be positive but must not undermine efforts of the family or others.

**Integrate social support.** Ensure that vulnerable children are integrated into the community

**Example**

A multifaceted programme was developed in Zambia in an attempt to meet the psychosocial needs of Mozambican women and children who had experienced many horrors before fleeing their country.

- Women's clubs were organized to provide mutual aid and understanding between women who had experienced similar traumas and to strengthen parenting and homemaking skills.
- An animateur programme was developed around groups of four or five women known to be people from whom others sought assistance. They were given support and training to develop co-counselling models. A similar animateur programme was requested, then established, for men.
- A pilot programme was initiated to involve in structured play village children who were identified as being affected by traumas.
- A clinic-based infant stimulation programme was organized to gradually encourage mothers to play with and stimulate their children after it was observed that mothers, especially those who had themselves experienced trauma, were unresponsive to their children and that some children were withdrawn.
- A school-based programme was developed to provide training to pre-school and elementary school teachers to enable them to be more aware of the special needs of traumatized children and to promote a more caring and supportive classroom environment for the children. Age-appropriate activities organized for the children included songs, telling stories, role-plays, group discussions and activities through which children could recall experiences and feelings in a safe and supportive environment.
- Another aspect of the programme considered by organizers to have been important was "sensitization" of agency workers, village leaders and others to the special needs of traumatized individuals and the provision of assistance in resolving difficulties of these individuals.

(International Catholic Child Bureau nd.)

helping systems and have the benefit of community resource persons and traditional interventions. For many reasons children in distress may exist outside support systems. Parents should be encouraged to seek out help for children with difficulties.

**Develop special activities for children.** Special efforts that enhance children's self-esteem and provide opportunities to share experiences, play and relate constructively with other children can be constructive. To thrive, children need, among other things, affection, nurture, security, acceptance, access to education, play, positive feelings about themselves, positive social relationships and participation in the community's cultural life. Children can benefit greatly from the opportunities to express their fears and worries through role-playing, writing, art and discussion. In Israel, a programme called COPE used ambiguous pictures and photographs to stimulate role-playing, and expressive writing of poems or short stories, and games. Children can be taught relaxation exercises, as was done in Nicaragua. Children's theater was used in a village programme in the Philippines. South African psychologists suggested starting after-school programmes for children in areas where there is much violence.

Special services may be essential, particularly for children who, for example, are without family support or who have had protracted experiences in institutions or as child soldiers.

Caution is advised, however. The emphasis of intervention efforts for children vulnerable to traumatic experiences and exhibiting psychosocial distress is best directed at creating a loving, nurturing environment within which the children's needs are met, rather than attempting to put in place some special programme in which the responsibility for meeting the needs of the children falls on programme implementers, who cannot and should not replace the child's family and community support. Additionally, as a general principle, it is best not to remove children from their homes or communities to receive special services.

**Provide support to teachers.** When children are attending school or are living in institutions outside the home, teachers and caregivers are influential in maintaining well-being and in meeting emergency needs. Often the school is the public service structure

Mutual aid groups (called Guidance Groups) were formed in Argentina for relatives of missing persons and found to be helpful, lessen guilt feelings, decrease anguish and strengthen self-esteem. The groups were not traditional therapeutic groups, and members were not considered sick or patients. Members met in workplaces rather than private offices; meetings were open to anyone desiring to attend and were directed by participants themselves to discuss problems of mutual interest, which often centred on issues related to missing children. (Kordon et al. 1988)

"Many people have told me that when they had to look after others their fears diminished" (Schmideberg 1942, 151).

with which the greatest number of children have the most regular contact. Teachers know the children and their families well; children's well-being and trauma are constantly monitored by observant teachers, and children are greatly influenced by what teachers say and do. Experience in various countries confirms that teachers are receptive to and interested in understanding and improving skills to deal with psychosocial difficulties of children with whom they have contact, although they often have little training about psychosocial needs of children. They may require assistance so that they do not exacerbate children's problems through their understandable need for control and authority.

In Mozambique, as in various countries, training programmes and manuals are being developed to train teachers to better understand and meet the needs of children in distress. In Israel, as part of an emergency centres programme, follow-up support was provided to children after violent events (e.g., bombing) through open discussions in schools, a type of emotional "debriefing" of the events (Chetkow-Yanoov 1984).

**Provide support for clinic staff.** While medical clinics are usually not established or well prepared to handle psychosocial difficulties, they continue to be an important source of potential assistance. As in many such situations, clinics serving the Palestinian population in heavily bombed areas in Lebanon reported many complaints associated with stress—insomnia, general irritability, generalized anxiety, fear of being massacred, inability to concentrate and work, increased depression, loss of will to live and a rapid increase in the incidence of quarrelsome and assaultive behaviours within the family setting. In various refugee situations and development programmes in Central America, special initiatives have been developed to encourage parents to stimulate and play with withdrawn and apathetic children.

Training, special programmes, technical support and the help of persons with specialized skills are required to help clinic staff meet psychosocial needs. In some situations collaborative referral systems have been established between clinics that only provide curative medical assistance and traditional healers, who are more effective in treating some psychosocial difficulties. However, a referral system should not be an excuse to reduce support to clinic staff.

**Support community resource persons.** In addition to teachers and clinic staff, many other community resource persons play important roles in the community support network, particularly persons who have regular contact with children or who provide services to their families—social workers, development workers, mental health workers, staff of religious institutions and others. Traditional healers may offer effective traditional rituals.

They, too, can be supported in helping to create a social environment that meets emergency needs and prevents trauma. Programmes to enhance awareness, training and support to such people are being instituted in various countries. Training programmes typically address such topics as listening skills, normal developmental needs of children, common distress symptoms, needs created by traumatic experiences, ways to facilitate psychological resolution and techniques for meeting needs.

A 17-year-old boy in Sri Lanka saw a friend killed and his body burned. He became very distressed; signs of his distrees included his loss of bladder control. Friends who had been trained as listeners took him daily to the temple, and through this help he regained control of his body functions and became less distressed.

The training of mental health "promoters" and "multipliers" in Nicaragua is an example of an effort to enhance support to community resource persons. In the Philippines a training programme was initiated for the staff of NGOs working with children in conflict areas.

Often the resource persons have themselves been victims of traumatic experiences; support often begins by giving them opportunities to talk about and process their own experiences and needs.

**Conduct "talkshops".** Discussions about psychosocial problems and their causes can also be encouraged in many other forums—small groups, village meetings, service programmes and public debate. Depending upon the nature of the distress, appropriate discussions may take place at the family, group or societal level.

"Talkshops", or workshops for youth, have been organized in Sri Lanka to help young people explore their feelings and share their experiences through structured discussions and exercises. Also in Sri Lanka, a special programme was developed for widows and their children in which they had opportunity to stay in a community centre for several days of discussions and exercises about their experiences, needs and feelings as part of an effort to provide support and empowerment (Jareg 1989).

There is general consensus in the mental health field that discussion of a traumatic event is likely to be particularly helpful immediately after the incident. It has been found helpful to facilitate

culturally appropriate, nurturing opportunities for children to express their feelings about their circumstances and experiences. Art can be an important form of expression for all children and may be particularly important for young children.

Child psychiatrist Elizabeth Jareg offers a word of caution regarding children's willingness or resistance to talk about traumatic experiences: "Never press children to tell things they do not want to or let anybody else do this" (Jareg nd., 2). To survive traumatic experiences, all individuals, including children, use defense mechanisms to cope. These are best respected. Giving trauma victims opportunities to talk about and process emotional feelings in a culturally appropriate manner is important to their well-being, but coercing or forcing the person to participate can be harmful rather than healing.

Special psychotherapeutic programmes are popular and often considered to be the "more modern" methods, but inappropriately used they can cause re-traumatization, create new issues and damage rather than enhance a child's self-concept and sense of well-being.

**Use the media.** In Nicaragua a youth-oriented weekly radio programme was initiated to address the mental health concerns of young people. A brief talk was given on a particular topic, followed by opportunity for called-in questions that were discussed on the air. A range of media options can be used to address psychosocial issues—radio programmes, newspaper articles, television spots and programmes. The media can be an effective means for encouraging public and private discussion about psychosocial problems, their causes and strategies for addressing them.

**Mobilize community support.** Addressing causes and effects of psychosocial distress often requires mobilization of the community helping network. In Peru, universities, churches and others organized "youth clubs" for mixed groups of working children, orphans and other unaccompanied children and children of missing or imprisoned parents. Through these clubs children had access to food, education and recreation.

Awareness about needs, difficulties and required actions must be raised with community leaders, public officials, local resource persons, possible benefactors and the general public. The issue of

In Nicaragua a programme called the Mental Health Project trains community volunteers such as teachers, church activities workers and primary health workers to recognize psychological and social problems and provide preventive activities and counselling for children and families. A core of 50 counsellors/teachers (multipliers) duplicates training workshops in their geographic areas for volunteers (promoters).

In Mozambique, training was organized for social welfare personnel and teachers as part of an effort to help them identify and respond to children with severe psychological problems.

the psychosocial needs must be put on the agenda as a concern deserving individual and collective action. Depending upon local traditions, community support may take many forms—village councils, task forces, special services or opportunities. For the policy maker and programme implementer, public advocacy is the leavening for action.

Mobilizing community action may require advocacy for the protection and care of children in need. It may include awareness-raising efforts and stimulating the collective needs. It may involve stimulating the development of essential community services to assist families in meeting children's needs and protest against ineffective services. It may, among other tasks, include assisting people who come in contact with children to better understand and meet children's needs in the course of their daily work.

**Maintain service continuity.** The time of distress is when the need for normalization is greatest. The continuity of schooling is especially important for children's well-being. Extraordinary efforts are usually required to keep schools functioning in the midst of conflict situations and to reopen them if needed. Clinics too play a very important role in emergency psychosocial services, not only for the medical services rendered, but because clinics everywhere are used by parents and children as a place to talk about and address psychosocial difficulties.

**Provide technical support**. Local practitioners need information and opportunities to exchange ideas and view other ways of providing services. Local resource persons involved in the delivery of psychosocial services should be able to visit similar programmes, attend consultations and participate in training programmes and conferences. Special efforts must be taken to disseminate information, reports and studies that spur creative thinking and good work for the practitioner working alone in a clinic, school or village.

Persons from outside the community with special skills and knowledge regarding psychological and social well-being and distress can be extremely helpful during emergency periods in encouraging action and stimulating ideas. Such persons are often found in private practice, in universities or engaged in programme work. If such specialists are few or do not live in the community in

which services are required, most often they can be more effectively engaged in providing training and support to local practitioners than in attempting to engage in short-term direct services. Their principal contribution should be to train and provide information or other assistance that will strengthen the ability of local resource people to more effectively enhance the well-being of children.

**Promote self-sufficiency.** Invariably family distress is associated with destitution and extreme difficulty in meeting sufficiency needs. It is important to ensure that children have access to basic goods and services—food, safe water, medical care, clothing and shelter—for psychosocial well-being is not independent of physical needs.

In extreme cases gratuitous relief may be required. However, emergency assistance that helps the family strengthen its capabilities in self-sufficiency is more constructive in meeting both physical and psychosocial needs. For this reason programmes with a developmental orientation make every effort to provide emergency assistance to families in a way that enhances self-sufficiency while meeting emergency needs.

Strategies for enhancing self-sufficiency include many types of skills training, loan schemes, works projects, handicraft production programmes, animal husbandry programmes and more.

"An approach which recognizes psychosocial needs as a community issue, as well as an individual one, offers the possibility of addressing the concerns within the community structures" (McCallin and Fozzard 1990, 35).

**Offer social services.** It is important to provide the assistance necessary to help families deal with the innumerable problems that affect their psychosocial well-being, to help weakened families to be stronger functioning units. Decentralized extension services based on traditional helping patterns are often essential to any effective effort.

**Enhance social and cultural life.** It is necessary to actively provide whatever support will enhance the repair and regeneration of community social systems on which families depend. The practice of traditions, special religious ceremonies, recreational opportunities and community celebrations should be encouraged. The importance of social, cultural and religious life was dramatically illustrated during the emergency period in 1979 when the camps in Thailand were being formed for people fleeing Cambodia. The re-establishment of temples and religious ceremonies was given high priority. Even before houses were erected, the refugee

community organized classical dance performances attended enthusiastically by everyone. These activities were a way of reintegrating the broader community as well as enhancing social and cultural life. Plays and stage performances in that situation continued for years to be important social mechanisms for raising concerns and talking about problems.

**Enhance the supportive capabilities of national systems.** Children's well-being and parents' abilities to protect and provide for their children are influenced by the political, economic, fiscal, judicial, military, educational and social welfare policies and services managed by government authorities. Ensuring the well-being of children necessitates consideration of the system within which they exist.

Enhancing the capabilities of national systems to meet the needs of children during situations of armed conflict includes ensuring that laws and regulations are put in place that protect children's well-being, that enhance the capabilities of family and community support systems and that ensure that special programmes are in place and needed resources exist.

Sometimes in conflict situations national systems are unable to function in parts of the country and ancillary systems develop that provide services normally provided by national authorities. Ensuring the well-being of children necessitates working with all parties whose actions affect the psychosocial well-being of children and their families.

The low incidence of mental health problems for Israeli children in the war zone was attributed to the preservation of normal, daily peacetime routines, stability of peer groups in which the children played and preparation for attack, including open, frank discussions about death and injury (Aptekar and Boore 1990).

## Preparedness

What advance readiness measures might be taken by families and other interveners to enhance the effectiveness of assistance for the psychosocial needs of children?

**Encourage family preparedness.** The psychosocial well-being of children and their families during an emergency is dependent in part upon their preparedness. Family preparedness includes attempting to identify the risks and dangers faced, taking steps to reduce the hardships and preparing children for the experience. Preparing includes having discussions about eventualities and ways

to reduce potential difficulties. For example, families who may need to evacuate or go to a shelter can prepare children for such an experience by talking about it with them; tentative plans should be made and provisions and valuables gathered as a precaution.

**Prepare for special situations.** The psychosocial distress of children can be reduced during emergencies by preparing in advance for the special needs of children. In addition to preparedness within the home, teachers should be fully prepared for emergencies when children are in their care. For example, in Israel, "anticipatory guidance" programmes have been used to emotionally prepare school staff and schoolchildren for emergencies. As part of this effort schoolchildren visit the emergency shelters in a simulated emergency situation. (Klingman 1978) Nicely decorated shelters and the stocking of supplies to help pass time can reduce stress.

**Encourage community preparedness.** Every effort should be made to encourage collaborative preparedness in which families work out mutual aid arrangements. In a conflict-affected village in a rural area of the Philippines residents of their own accord developed an emergency response system in which they all assumed readiness roles and responsibilities to facilitate evacuation and all related tasks. Special provisions should be made in such planning to ensure the well-being of children.

**Encourage agency preparedness.** Parents and children are likely to depend more on helping agencies during emergencies than at any other time. Staff agencies providing goods and services should be trained, rehearsed and prepared. Many times ineffective basic service delivery systems—absence of acceptable sanitation systems, lack of safe water, overcrowded living conditions, poor food and so forth—accentuate psychosocial distress.

**Promote training, research, and information sharing.** Every effort should be made to ensure that all people who are involved in providing emergency, rehabilitation and recovery services have received training on the special psychosocial needs of children. Because the psychosocial needs of children in situations of armed

conflict are not well documented in many countries, every effort should be made to increase the number of related research projects. Information sharing is an important aspect of preparedness, for it is a primary means of exploring options for action.

**Strengthen academic programmes on psychosocial issues.** Academics can provide much needed information to people working at the implementation level of emergency and recovery efforts. They can also participate in training and assist in research efforts. In many places academics have an important role in raising public issues and influencing policy and programmes. They are more likely to be keepers of "lessons learned" than are implementing agencies.

## Principles to Guide Action

1. Focus intervention efforts on coping strengths and psychosocial well-being, not simply distress and injury.

2. Strive to ensure a need-fulfilling environment for children, considering the totality of the child in the contexts of family, community and society.

3. Give priority to helping families care for and protect their children.

4. Be sensitive to particular meanings traumatic experiences may have in the culture.

5. Stress culturally appropriate interventions, using local resource people whenever possible.

6. Ensure timeliness of appropriate psychosocial interventions.

7. Ensure that interventions are appropriately age-specific.

8. Use supportive interventions for children that cause the least harm and do not re-traumatize the child.

9. Ensure that the psychosocial needs of *all* children are met, regardless of the side of a conflict that they, their families or their communities may be on.

10. Avoid institutionalization or removal of distressed children from their families or communities for treatments.

11. Encourage the prevention of psychological difficulties by stimulating social interaction, cultural activities and religious practices.

12. Respect the wishes and sensitivities of people who have survived traumatic experiences, ensuring that they have opportunities for needs fulfilment without coercion or being forced to talk about topics they wish to remain silent about.

In Chile, people at high risk for torture and detention can participate in psychological preparation sessions offered by concerned psychologists.

To reduce anxiety of children, emergency shelters can be decorated attractively and used by children in noncombat conditions.

**A note of caution**

It is wise to recognize that humankind has but a limited understanding of the dynamics of psychosocial well-being and trauma. People around the world hold many ideas and hypotheses. Many rich studies exist that describe and analyze the effects of traumatic experiences and the factors influencing children's well-being in armed conflict situations (see Bibliography, Annex II). Each study is a small contribution to a large, complex picture.

While consensus is developing that this chapter attempts to convey, much ambiguity remains. We must act on the current basis of what we hold to be true, but we are well advised to approach the topic of the psychosocial needs of children with openness and care, for with limited knowledge there is always the chance that harm rather than health will be perpetrated.

Recent history and current practice provide many examples of well-intended interventions for children that have proved questionable at best, even destructive—wrongful separations of children from their families, institutionalization of children, weakening rather than enhancing family and community support, and handicaps as a result of labelling and social stigma, to name but a few.

Sometimes the "new initiatives" and imagined "solutions" organized for needy children disrupt functioning traditional helping systems and leave children in a worse state. Borrowed and inappropriately applied psychotherapeutic techniques (including counselling, psychodrama, re-experiencing traumatic events and traditional practices), like a scalpel in the hand of an inexperienced person, can result in re-traumatization, harm and suffering, rather than healing and enhanced ability to cope.

Actions taken in the name of helping children are sometimes more for the gratification of service providers than for the children or can be motivated by curiosity or the desire for interesting and publishable study material. Children are commonly used for political advantage, to gain media attention or as a means of raising funds.

One caution regarding published literature on psychosocial trauma: Many studies understandably describe the characteristics of highly selective groups of children—such as those identified with the most severe distress symptoms or exceptional cases drawn from large populations. Care must be taken to ensure that erroneous generalizations about the usual are not drawn from the exceptions.

**Suggested resources**

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# Education Disruption

*Children can be educated*
*during situations of armed conflict.*

Learning has no boundaries or time limits, but school attendance does. Disruption of children's education during times of armed conflict not only inconveniences and disappoints children, it robs them of many of life's opportunities. Education disruption carries a high cost, paid for over lifetimes and by all of society.

Armed conflict need not affect children's learning opportunities. It only makes the task of ensuring that children continue their schooling more difficult. Children's education in situations of armed conflict is dependent upon the commitment and willingness of adult society to overcome or circumvent obstacles that tend to disrupt their education. The occurrence of conflict should bring a reflex response to redouble efforts to protect and ensure educational opportunities for children.

The goal is clear: *that in situations of armed conflict all children continue to receive formal education; when schooling is disrupted or non-existent, that regular or alternative services be initiated.* Experience confirms that this goal is achievable.

The purpose of this chapter is to encourage efforts on behalf of children's education in situations of armed conflict. The discussion is limited to broad programme considerations. The reader is encouraged to consider in other writings the equally important arts and sciences of working with children, teaching and school administration.

In addition to usual classroom teaching, education takes many forms and occurs in various types of environments—in the village school, in lavish buildings with shiny floors, in temples and mosques, in rented rooms in slum communities, and in homes. It often occurs under a simple canopy for protection against the sun and rain, even on the grass under a tree. Quite similar activities take place in quite different environments. In this discussion, therefore, terms such as "education" and "schooling" refer to structured learning programmes, whatever their form or location.

## Facts

Each conflict situation and locality is unique. Nevertheless, conflict affects children's education in similar ways wherever it occurs. It tends to disrupt education services, causes damage to facilities, creates disruptive family circumstances, negatively influences the learning atmosphere, creates new learning needs and threatens essential education resources. Education services in remote areas are often most severely affected.

*Disrupted education services.* School services are disrupted in many ways. Students are often left without teachers, who, when they no longer feel safe, understandably withdraw to safer areas, particularly if their homes are in other localities. Even when classes are held, class schedules are many times interrupted and reduced. Schools are often closed for extended periods, sometimes from fear, sometimes by decree.

Over 11 years of war, half of Mozambique's primary schools were destroyed. The number of functioning primary schools dropped from 7,170 in 1979 to 3,496 in 1990. (Lyons 1990, 22)

During the war in El Salvador some 447 schools closed because of partial or complete destruction or because of lack of security for teachers and students (Attias and Cohn 1990, 4).

Education for Palestinian children was seriously affected during the first two-and-one-half-year period of the *intifada* by the closure of schools for long periods by military order; prohibition against informal schools; prohibition against distribution of self-learning materials to lower elementary pupils in their homes; and disruption of schooling by curfews, strikes and disturbances (UNRWA 1990).

In some situations disruption is caused by military forces' requisitioning school facilities. In the most pernicious situations, militia enter schools to interrupt classes, harass students and teachers, and manipulate children's education. Education services can also be disrupted when the need to maintain education programmes competes with the use of school facilities as public shelters for displaced people or when the children themselves are displaced from the vicinity of their school.

*Damaged facilities.* In recent conflicts schools have often been targeted, shelled, looted and destroyed. Seldom is such damage inadvertent or related to direct contests between combatants. More often it is purposeful damage to weaken services provided by the government or any other party, or to purposefully harm and harass children and their families.

*Disrupted family circumstances.* Conflict also affects the education of children by creating hardships in the home that cause children to miss or drop out of school. Children must often share increased domestic burdens caused by missing parents. Many families are so impoverished as to be unable to provide even minimal fees, school uniforms or supplies for school. Older children must often drop out of school to contribute to the family income or to care for younger siblings. Security risks often cause parents to keep their children at home as a protective measure, particularly when children must walk long distances to school.

*Negative learning atmosphere.* Even when classes are held, the ability of children to concentrate and learn may be minimized by fears, hunger, traumatic experiences, uncertainty and family difficulties arising from the conflict situation. As reported of Palestinian children, "when schools were open, teachers found it difficult to create an atmosphere in the classroom conducive to learning. Both teachers and students reported that they had difficulty concentrating, especially if they had witnessed or experienced beatings, shooting and killings, or those who had family members in prison or in hiding" (Nixon 1990, 254). In some situations children's education is subverted by political or military propaganda.

*New learning needs.* Situations of armed conflict create new types of learning needs for which the usual educational system is not designed. Children with disabilities, children who are older than the usual age for class placement because of missed schooling, children who have been combatants or live on the street are children who have learning needs that differ from other children's needs, and for which special educational approaches may be required.

*Limited resources.* Shortages of teachers, supplies, classrooms and money to support the education system often severely affect the services provided. As stated earlier in this book, unless protected, education budgets are often diverted to other uses because of increased military expenditures.

Disruption of education is doubly tragic in situations where even under optimal conditions education is starkly inadequate. In Africa, according to UNESCO, 33 per cent of primary-school-age children (some 38 million) and 61 per cent of youth between 12 and 17 years are not attending school. In Sudan almost 50 per cent of the children have no access to school, and primary classes can exceed 118 per class in areas around the capital (Bosnjak and Jamaleddine 1989, 11, citing Ministry of Education). In other parts of the world also, significant numbers of children are not receiving even basic educational opportunities.

## International law

Persons committed to the well-being of children will find reflected in international law an international consensus affirming the right of children to education and the responsibility of govern-

ments and society to provide it. Selected key international law principles applicable to education during periods of armed conflict are presented in Table 28.

## Common problems in programme implementation

Following are a few of the usual problems in intervention efforts that must be overcome if educational goals are to be achieved.

*Inadequate education services.* Armed conflict often exacerbates already inadequate education services that are unable to provide for large numbers of the children. Facts about the number of children not in school are most telling. Many times education opportunities are biased against female children, who are denied equal opportunities to those of male peers. Many education efforts are plagued by a lack of basic texts, learning materials and supplies.

*Shortage of teachers.* A shortage of teachers is a major constraint, for formal education depends principally upon the availability of adult teachers to tutor and guide students through a structured learning process. No element of the educational process is more critical. Having few teachers means minimal educational opportunities. Available teachers often are overloaded and must teach very large classes in shifts throughout the day, a herculean task for teachers and a disadvantage to students. A shortage of teachers may indicate that the education of children is given a low priority by those allocating public resources. Also, it is obviously related to the availability of resources at both the village and the national levels.

*Teacher selection and placement.* In an effort to maintain education quality, teacher selection is often rigorous by some local standard. Typically, only qualified teachers are hired and village schools are dependent upon "proper" teachers' being sent from some other location. These strategies may be inadequate when there is a shortage of qualified teachers and when teachers from other areas are unwilling or unable to teach in conflict-affected areas, particularly in remote areas.

*Teacher skills.* Many teachers have little opportunity to strengthen skills required to work with children during situations of armed conflict, when they are very likely to encounter children who have special learning needs and are stressed by all that is happening around and to them.

In Mozambique in a village of nearly 5,000 people, seven teachers, ages 20-27, taught classes of 70-80 students each, three shifts per day, with few materials with which to work (Lyons 1990, 23). In displaced persons encampments in Khartoum, schools were described as operating on a "hot seat" rotation system in which classes begin in the early morning and rotate through the classroom, without the children having the benefit of running water, latrine facilities, clinics or electricity (Dodge, Mohamed and Kuch 1987, 244).

Table 28
**Selected Articles in International Law Pertaining to Education**

*"Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit."*

—Article 26, Universal Declaration of Human Rights

*"The child is entitled to receive education, which shall be free and compulsory, at least in the elementary stages. He shall be given an education which will promote his general culture and enable him, on a basis of equal opportunity, to develop his abilities, his individual judgement, and his sense of moral and social responsibility, and to become a useful member of society."*

—Principle 7, Declaration of the Rights of the Child

*"States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular:*

*(a) Make primary education compulsory and available to all;*
*(b) Encourage the development of different forms of secondary education, including general and vocational education, and make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need."*

—Article 28, para. 1, UN Convention on the Rights of the Child

*"Children shall be provided with the care and aid they require, and in particular:*

*(a) they shall receive education, including religious and moral education, in keeping with the wishes of their parents, or in the absence of parents, of those responsible for their care."*

—Article 4, para. 3a, Additional Protocol II to the Geneva Convention

*Organizational rigidity.* Education ministries are often large, unwieldy bureaucracies that are, understandably, rigid in their rules and programmes in their effort to provide standardized national education services. In conflict situations, however, adaptation and flexibility are essential if children are to be afforded an education. Flexibility and adaptation are often required in at least four areas: teacher selection and placement, learning methods, student enrolment requirements and school fees. Rigid centralization of services often stymies local initiatives. Community and non-governmental efforts to provide education are often thwarted rather than encouraged and fostered.

*Student enrolment requirements.* In many countries existing student enrolment requirements are a barrier to children's education in a conflict situation. The requirement of identity or residency papers, for example, often eliminates children among displaced persons populations. Adherence to strict age limits can eliminate children who have missed schooling. More subtle requirements, such as required school uniforms, can also bar children.

*School fees.* School fees are often essential for the operation of schools. Yet if such fees cause children to miss their education opportunities, alternative means of covering such expenses are necessary.

*Overemphasis on bricks and mortar.* Many intervention assistance programmes for education in situations of armed conflict are directed to the construction or repair of school buildings. School buildings are important but are always secondary in importance to the need for teachers, teacher skills, learning programmes, textbooks, resources and supplies.

There are many reasons, in addition to the importance of school buildings, why bricks-and-mortar projects tend to be the choice of aid-giving interveners. But, particularly in situations of armed conflict, when funds are in short supply and the educational opportunities for large numbers of children are threatened, every consideration must be given to whether available resources are more effectively spent on buildings than on other services that might better enhance educational opportunities for even greater numbers of children.

*Children in the poorest and most remote areas.* Schooling opportunities appear to decline steeply from richest to poorest communities and from urban centres to remote areas. All too often

in conflict situations extraordinary efforts taken to ensure education of children are limited to the more well-to-do populations, to urban areas or to populations along main roads.

*Disabled children.* Disabled children are often denied education opportunities, and schools are ill prepared to ensure that disabled children have opportunities to maximize their potentials.

*Displaced children.* Displaced children are often denied schooling opportunities. Local schools are often reluctant to accept additional children, particularly "outsiders". National and local authorities often fail to provide additional resources for facilities and teachers to make their education possible. Many displaced families are destitute, with little possibility for paying fees and other schooling expenses. Sometimes preventing education opportunities for children is used as a collective punishment to discourage displaced people from settling locally.

## Programme Strategies

Even when conflict is disrupting the life of the community, children want to continue their education, parents want their children's education continued, and it is in the interest of society that children's education be continued. Education is not an activity that can be delayed until peaceful times or an opportunity for a privileged few in protected environments, for, as reiterated in the UN Convention on the Rights of the Child, schooling is recognized as a universal right of children and a necessary element of optimal growth and development. Adult society is recognized as being responsible for ensuring that children have that opportunity. Conflict does not change the lifetime importance of education, children's right to education or society's responsibility to ensure it.

A review of experience in many conflict-affected countries confirms that, despite innumerable obstacles and hardships, children's education can be maintained in situations of armed conflict with concerted effort and innovation. In many localities parents, teachers, community leaders, government education services, NGOs and others are waging affirmative action battles to ensure that children have an opportunity for education in the midst of conflict. Their actions serve as a reminder that education in times

of conflict can be achieved. A brief review of current experience provides a few of the strategies being employed and the lessons to be learned.

## Know the facts

Experience confirms that in considering the well-being of children in situations of armed conflict, it is important to know whether education opportunities exist for children in conflict zones and whether or not children are taking advantage of those opportunities. All too often, too little attention is paid to facts about the children who are not being served or who are receiving inadequate education. To aid assessment and planning for the education needs of children in situations of armed conflict, a brief assessment outline is provided in Table 29.

Table 29
**Assessment Questions—Education**

Facts
- Which children are not receiving an education?
- Why?

Risk
- Which children are at risk of having their education disrupted?

Prevention
- What measures would prevent disruption of education?

Response
- What measures are required to provide education services on an emergency basis when regular education opportunities are disrupted?

Preparedness
- What preparedness measures will ensure effective emergency education services when needed?

Rehabilitation
- What short-term measures might be required to temporarily restore the functioning of usual education programmes?

Recovery
- What measures are required to facilitate the full functioning of an adequate education programme for all children?

## Monitor risks

To ensure that children receive education opportunities during conflict situations, it is essential to be forward-looking in planning and preparations so that measures can be taken to prevent or minimize disruption of children's education. As a basis for enacting countermeasures, it is helpful to know the types of disruptions that may threaten children's education and to identify the children most likely affected.

In conflict situations the level of risk is never stable. Within a single location the situation may repeatedly become tense and disrupted, then return to a sort of normalcy.

Disruptive conditions tend to come and go, so children in peaceful areas may find themselves threatened and children in affected areas may after a time be able to attend school without threat. The fluid and changing risks to children's education necessitate a constant vigilance and the maintenance of a monitoring system that is linked to flexible, responsive education intervention efforts.

## Preventive activities

In situations of armed conflict a principal objective of efforts on behalf of children's education is to prevent the disruption of ongoing education services. Preventive actions may include the following.

**Advocacy for children's education.** In advocacy efforts on behalf of children, it is crucial to engender public and private support for the protection of uninterrupted education during times of conflict. The staff of government education services should be aware of their public mandate to ensure education services even during difficult times. Combatants should be encouraged to respect the importance of uninterrupted education for children and should be aware of their responsibility to protect education services. Families too should be encouraged to ensure their children's education.

Advocacy efforts are commonly required to protect the education budget and to raise funds from additional sources. Advocacy is particularly important to counter the chance that the resources needed to support a sustained education effort during periods of conflict are diverted to other uses, thereby denying children their life opportunity to education.

**Increased support to teachers.** Wherever they must teach in conflict-threatened areas, increased support is essential to ensure that teachers are able to continue their efforts during difficult times. Increased support includes concerted organizational efforts to ensure their safety and well-being. Encouragement, opportunities to discuss difficulties and visits from supervisors are important. Discussions, workshops and training opportunities can be of considerable help to teachers in maintaining education services. Support includes ensuring that effective administrative systems provide the backup needed, that



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guidance and supplies are available as required and, very importantly, that salary payments are made when due. Often teachers expected to continue their service in exceptionally difficult circumstances are provided extra pay in token compensation.

**Decentralization.** Where conflict threatens to disrupt education services, enhanced decentralization may be necessary. It is often important to ensure that teachers are persons from the local area rather than persons sent into an area, as may be the usual practice of teacher placement. Making such an adjustment may well require new and adapted ways of selecting, appointing, paying and supervising teachers. Increasing parent and community involvement in maintaining schooling services through difficult times is essential. Also, owing to restricted travel opportunities, schools in conflict-affected areas must be prepared to operate more autonomously than they might otherwise.

**Collaboration.** Where government services are unable to fully meet the education needs of children for reasons of resources, because of danger or for any other reason, other agencies should be encouraged to collaborate to fill education gaps. Communities themselves are often able to mobilize labour, resources, even teachers, if encouraged to do so. Among most displaced persons populations, for example, are persons who have worked as teachers or are willing to teach. Non-governmental agencies in many places support education services in areas where government teachers cannot work. These organizations should be further encouraged to help meet children's education needs. Where multiple parties are involved in education efforts, collaboration can enhance individual efforts to the benefit of children.

## Emergency response

Any disruption to children's regular schooling should bring, on an emergency footing, an immediate response to ensure that children's education continues until regular programmes can be resumed. Delays in restoring education opportunities until peace returns or until conflict subsides can be a serious disadvantage to children. Difficult times often unexpectedly continue for protracted periods, even years. Time passes quickly, and while education is suspended,

children can outgrow their usual age placement in classes, miss key examinations and pass through developmental learning periods that can never be relived.

Sometimes, emergency response to disrupted education entails action to stimulate the usual education system to respond quickly. Often, however, children's education is dependent upon extraordinary measures that require flexibility, adaptation and innovation. Following are a few of the emergency response strategies sometimes necessary.

**Support of teachers.** Where teachers are expected to provide education services in an emergency, extraordinary efforts are required in their support. Support may include providing opportunities for special training to help teachers better meet the demands of teaching in a conflict situation. As another focus of support to teachers, in various countries in Central America, Asia and Africa special training programmes have been organized to help them understand and work with students affected by conflict. Teachers may also benefit from support in developing special education programmes for distance learning, for meeting the needs of older children who have missed the opportunity to attend school and for children who may have special needs arising from a life on the street or from experiences as combatants, for example.

**Expanded school activities.** To ensure that all children have access to at least a basic education, adjustments

**An Example**

In Sri Lanka, during the latter part of 1988, schools closed over much of the country because of violent threats. Where parents and teachers maintained close collaboration (particularly in the capital) informal methods of structured learning were devised to continue children's education:

- Informal classes were organized in homes.
- A "study pack" system was developed, in which teachers weekly prepared and duplicated packets of learning materials that were given to parents (or pupils). At the next weekly meeting, the previous week's corrected papers were handed back, and a new set of learning materials was provided. During the period of school closures teachers were required to report to work daily, although classes were not in session, and payment of salaries was conditional upon that attendance. This enabled teachers to prepare study materials and grade returned papers.
- In both state and private schools where parental involvement was strong, security teams were formed by parents to ensure a constant vigil.
- When the situation became less tense and some small schools discreetly opened, children were asked not to wear school uniforms in order not to attract attention to themselves.
- Children were taught evacuation procedures, and regular drills were conducted.
- Educational programmes were transmitted on TV in the morning hours, whereas during normal times no such transmissions would have taken place.

(UNICEF Sri Lanka 1990, 1)

to existing education programmes are often necessary—increased enrolment, bigger classes and classes in shifts. Evening and after-school activities may be of assistance to children. Such expansions may require additional teachers, facilities and support to teachers. Emergency education programme expansions are always required for displaced children, who must be either integrated into local schools or provided an alternative.

In Uganda between 1978 and 1987, despite intensive conflict, the number of primary schools more than doubled, from 3,969 to 7,955 (UNICEF Uganda 1989, 61).

**Modified education arrangements.** Education arrangements must often be modified. When usual teachers are not available, persons from the local community have been temporarily asked to serve as para-teachers, for example. The destruction of a school building, although always a hardship on students and teachers, need not be the cause of school closure, for in many places a new venue for classes is quickly found—in other buildings, in tents or in makeshift structures. Classes may even shift to homes. Making national placement tests available to children, to help them re-establish their position after missed schooling, may be necessary.

**Alternative structured learning.** Sometimes holding regular classes is not possible, or children are unable to attend classes. Ensuring education opportunities in such situations often requires innovative, new structured learning approaches other than classroom teaching. As mentioned earlier, various distance learning strategies have been used, such as home study packets, television and radio.

**Supplies.** In many schools, children are without texts, reading materials and even a minimum of supplies. Consideration should always being given to the provision of the essential tools of learning.

## Preparedness

In order to effectively respond on an emergency basis to education disruptions, communities, government education services and NGOs must be in readiness. Following are several emergency preparedness strategies for education emergencies.

**Emergency response systems.** All parties concerned with children's well-being in situations of armed conflict should include

considerations for education disruption in emergency planning considerations. Emergency procedures and guidelines might be helpful. Education supplies, distance learning materials and plans for quick response should be in readiness. The education needs of disabled children and children in displaced families should be given special consideration.

**Emergency response training.** Teachers and the staff of organizations likely to participate in emergency assistance should be trained and fully prepared to ensure that effective steps are taken to provide educational services when in emergencies such services are disrupted.

**Teacher training.** Enhanced teacher training is an important preparedness activity. It can be anticipated that the number of teachers required during conflict situations will increase and that it will be helpful to strengthen their understanding of the needs of children in situations of armed conflict, their skills in working with children in distress and their abilities to adapt education services to ensure their relevance in conflict situations.

## Rehabilitation and recovery

Rehabilitation and recovery of education services is an ongoing effort throughout conflict situations. When school programmes are disrupted, children's education programmes must be enhanced to compensate for lost time. When

**An Example**

More than half of the 120,000 Cambodians who sought refuge in Thailand in displaced persons camps along the border in 1979 and 1980 were children who had been denied any schooling opportunities during the years in which the Khmer Rouge were in power in their homeland. With the permission of the Thai Government, UNHCR, UNESCO and voluntary agencies established a comprehensive education programme. Owing to the complete absence of teaching resources, programme development included establishing an educational system, writing textbooks, printing school materials, selecting and training teachers and building schools. Following are selected principles that guided that effort:

- Basic education for all children below the age of 16
- Curriculum emphasis on five categories of children:
  - I. 2-5-year-old children
  - II. a) 6-11 years (illiterate)
    b) 6-11 years (literate)
  - III. a) 12-15 years (illiterate)
    b) 12-15 years (literate)
- Orientation—preparation for repatriation
- Teaching, wherever possible, by Cambodians
- Khmer language as the medium of instruction
- Pre- and in-service training for teachers
- A unified school system for equality of service
- Khmer community responsible for school management
- UN responsibility for ensuring continued quality
- School facilities to be a community resource centre
- Skills and vocation training also provided
- Curriculum developed by Khmer specialists and artists
- Decentralized, small schools rather than large schools
- Standardized scales of remuneration for teachers
- Equity in distribution of supplies

(UNHCR 1980)

school buildings are damaged and destroyed, rebuilding is required in the shortest possible time. In Lebanon, during its many years of conflict, some schools have been repeatedly repaired and reconstructed after being damaged.

The reconstruction of schools in conflict-affected areas can also make important social and psychological contributions towards maintaining normalcy and facilitating healing. In Sri Lanka, for example, in the village of Mahakonegaskada, the construction of a pre-school immediately after a massacre that left 44 dead, 19 of them infants and children, served as a rallying point for the community to overcome the traumatic experience and remain stable. Outside support was provided for the purchase of materials and the training of teachers, while local residents, mostly mothers, provided the manual labour for the construction of the building (UNICEF Sri Lanka 1990).

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Annex I

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## Armed Conflict


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